

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

Name of Organization: **The Healthy Gloucester Initiative, Inc. (THGI)**

Address: 165 Bridgeton Pike, Mullica Hill, NJ 08062

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Proposed Area of Coverage: (include zip codes)

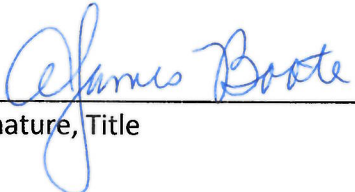
Select zip codes in Gloucester County - 08066, 08096, and 08097

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



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.

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A. Introduction

The Healthy Gloucester Initiative, Inc. (THGI) is seeking certification as a Medicaid ACO in order to participate in the New Jersey Medicaid ACO Demonstration Project (N.J.S.A. 30:4D-8.1).

THGI is a non-profit organization, formed to bring together a consortium of physicians, other medical providers, behavioral health programs, local hospitals and other community partners. The goal of THGI is to engage individuals in treatment and enhance the care delivered to Medicaid beneficiaries in the designated area. These are the most vulnerable individuals, often overwhelmed by the complexity of their diseases and associated treatment as well as the intricacies of the health care delivery system they must navigate. Through care coordination, information sharing and efficient care delivery, beneficiaries will receive services tailored to their specific needs but which eliminate redundancies and waste. Specific areas that will be addressed include avoidable inpatient admissions, avoidable Emergency Department visits, high service users (i.e. hotspotters) and readmissions. A copy of the Certification of Incorporation is included in Exhibit 1.

THGI includes a variety of health care providers needed to address a broad spectrum of health issues, including physicians, hospitals, behavioral health providers/programs and community partners. These individuals and organizations will promote care coordination, encourage key services (e.g. health education and culturally appropriate care), reward

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A. Introduction (Continued)

quality, improve outcomes and patient experiences, advocate interdisciplinary collaboration, improve access, improve outcomes and patient experiences, advocate interdisciplinary collaboration, improve access to dental care and elicit community feedback in order to further enhance the quality and efficiency of services provided.

B. Organizational Overview and Governing Board

THGI is a non-profit corporation founded to address the health care delivery deficiencies in areas of Gloucester County, which ranked 13th (out of 21 counties) in health outcomes in the State of NJ. The organization is comprised of hospitals, the county's sole Federally Qualified Health Center, primary care providers, behavioral health providers, and community concerns. Each participating entity will contribute their expertise to the ACO, focusing their combined efforts to enhance the delivery of care to Medicaid enrollees in the designated area while reducing unnecessary expenditures and care encounters (e.g. primary care appointments, Emergency Department visits and inpatient admissions/readmissions).

THGI's Governing Board is made up of representatives from a broad spectrum of health care entities and community partners. These include primary care practitioners and agencies, general hospitals, behavioral health providers, dentists, social service agencies and community organizations. Governing Board members are appointed in accordance with THGI bylaws, included in Exhibit 2. A full listing of Governing Board members is included in Exhibit 3. Per the ACO demonstration rules, the Governing Board includes groups that

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B. Organizational Overview and Governing Board (Continued)

can advocate on behalf of patients as well as address non-health care issues such as food and healthy eating. THGI is overseen by the Governing Board in accordance with the organization's bylaws. Meetings are expected to be held at least four times a year.

Governing Board Committees will include a Quality Committee, responsible for identifying areas for investigation, required quality monitoring and developing mechanisms for patient feedback and satisfaction. The Executive Director of THCI will be Jim Boote, Vice President of Ambulatory Services at Inspira Health Network. The Medical Director will be Steven Linn, MD, who serves as Chief Medical Officer at the Inspira Health - Bridgeton, Elmer and Vineland campuses. Quality Activities will be overseen by Paul Lambrecht, Vice President of Quality and Patient Safety at Inspira Health Network. Director of Provider Network Services will be Clare Sapienza-Eck, Inspira Health Vice President of Network Business Development and Physician Relations. An organizational chart is included in Exhibit 4. Overviews of the partner organizations are included below.

The CompleteCare Health Network (CCHN) began in 1974 as the Community Health Improvement Program and has grown to become the largest health organization of its kind in South Jersey. They are the region's designated Federally Qualified Health Center, with 20 locations throughout Gloucester, Cumberland and Cape May Counties and offer state-of-the-art primary, specialty, women's health, dental and behavioral health services all by Board-Certified Providers. The organization's mission is to provide patients access to affordable,

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B. Organizational Overview and Governing Board (Continued)

high-quality health services. CompleteCare prides itself with being culturally competent and sensitive to the special needs of all of its patients. Services available through CompleteCare include: Primary Medical Services; Pediatrics; OB/GYN; Services for Seniors; Specialists; Podiatry; Dental; Behavioral Health; School-based Services; and a discount pharmacy program (340B).

Inspira Health Network is a charitable nonprofit health care organization formed in November 2012 by the merger of South Jersey Healthcare and Underwood-Memorial Hospital and is comprised of three hospitals, four multi-specialty health centers and a total of more than 60 locations, including outpatient imaging and rehabilitation centers; numerous specialty centers; and more than two dozen primary and specialty physician practices in Gloucester, Gloucester and Salem counties. The organization values quality, partnership (building relationships with patients, community, employees, physicians, other healthcare providers and governing board to improve healthcare), empowerment (enabling patients, physicians and staff to make responsible decisions to improve work processes), integrity, stewardship, and compassion. The Network operates a complete continuum of inpatient, acute outpatient and outpatient behavioral health programs.

In 2010, the Cumberland/Salem/Gloucester Health & Wellness Alliance was formed to provide all residents of Cumberland, Salem and Gloucester Counties an increased awareness

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B. Organizational Overview and Governing Board (Continued)

and understanding of healthy living. The Alliance supports programs and resources for nutrition education, portion control, obesity control, fitness and physical activity, neonatal nutrition, and access to healthy foods. The Alliance has several areas of specific focus including prescription drug abuse prevention, teen pregnancy, and chronic disease management (diabetes, cancer and congestive heart failure). In addition, the Alliance has been instrumental in providing support and assistance during the open enrollment period of the Insurance MarketPlace. The Alliance counts a number of organizations as partners, including County of Cumberland, CompleteCare Health Network, Cumberland County 4-H, Cumberland County College, Cumberland County Health Department, Cumberland County Schools, Cumberland County United Way, Cumberland County Workforce Investment Board, Cumberland Development Corporation, Cumberland Technical Education Center (CTEC), Cumberland/Cape/Atlantic YMCA, Gateway Community Action Partnership, Inspira Health Network, NJ Area Health Education Centers (AHEC), Rutgers Food Innovation Center, The CEO Group, and Vineland Health Department.

Robin's Nest is a private, nonprofit 501(C) (3), children's services organization accredited by the Council of Accreditation of Services for Families and Children and by Healthy Families America and is New Jersey's first home-based treatment program for troubled children and their families. The mission of the organization is protecting children, strengthening families, and empowering communities through innovative, life-enhancing services.

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B. Organizational Overview and Governing Board (Continued)

The Gloucester County Division of Senior Services is an active participant in the Aging and Disability Resource Connection (ADRC), administering a broad range of home and community based services that focus on the needs of senior citizens and persons living with physical disabilities throughout the County. The Division of Senior Services provides information and assistance to aid residents of Gloucester County 60 years of age or older and their families. Their mission is to promote accessible and high-quality health and senior services to help all seniors in Gloucester County attain optimal health and independence. Informed choices, that enhance quality of life for seniors, are encouraged. The ADRC provides information on a broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care. These services can be provided at the ADRC, via telephone, or through a home visit, whichever is more convenient to the individual seeking help.

For over 50 years NewPoint Behavioral Health Care has served the community of Gloucester County and offers over sixteen outpatient mental health programs to its residents.

Incorporated in December 1957, NewPoint's mission has evolved in providing services that help residents with mental illness to live and prosper in the community. NewPoint's mission is to provide a spectrum of quality services to maximize individual potential through education and empowerment. These services include medication monitoring, adult partial

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B. Organizational Overview and Governing Board (Continued)

care, family counseling, Hispanic outpatient programs, integrated case management, and residential service programs.

C. Designated Area

THGI will be focusing on the following zip codes in Gloucester County, NJ: 08066, 08096, and 08097. These zip codes were identified primarily due to the proximity to the hospital campus and the utilization of services by the Medicaid enrollees within this area.

This is an area with 5,659 Medicaid Enrollees. Analysis of the designated area is included in Exhibit 5.

D. Provider Engagement

Support for THGI is extensive, ranging from those providing direct care to Medicaid beneficiaries to those who provide services to the community. Backing and encouragement has been received from the primary care providers in the county, general hospitals, specialty physicians, behavioral health providers, social service agencies and community organizations. Analysis of the Medicaid providers participation is included in Exhibit 6. Representatives of THGI have been involved in the Affiliated Accountable Care Organization (AACO) of New Jersey, which has had preliminary discussions with managed care representatives about ACOs and their goals. These discussions have shown that the managed care organizations have interest in being involved with THGI. The Healthy

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D. Provider Engagement (Continued)

Gloucester Initiative, Inc. will work with the AACO, as well as managed care organizations directly. Letters of support have been provided in Exhibit 7.

E. Community Engagement

THGI will develop a number of measures to ensure community engagement. As part of the planning process, the designated area will be analyzed to identify key issues affecting care availability and systems used by Medicaid beneficiaries. A crucial element of this analysis will be feedback from the community. The Quality Committee of the Governing Board will be undertaking this issue, placing an emphasis on providing the free flow of feedback between the ACO and the community it serves. THGI has entered into an agreement with the Camden Coalition of Health Care Providers (CCHP) to obtain healthcare utilization patterns amongst their patient population. This will be accomplished through a hotspotting program funded by the Nicholson Foundation and is sponsored by the New Jersey Healthcare Quality Institute's Affiliated Accountable Care Organization. The analysis will allow THGI to identify groups of service users who may benefit from a more focused approach and ultimately receive enhanced care.

F. Commitment to Demonstration

THGI is committed to being the ACO for defined area within Gloucester County. THGI agrees to be accountable for the health outcomes, quality, cost, and access to care of Medicaid recipients residing in the designated region for at least three years following

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F. Commitment to Demonstration (Continued)

certification. In doing so, THGI will comply with all requirements of the Medicaid ACO legislation and regulations.

G. Quality Measures, Patient Safety and Patient Satisfaction

THGI will draw upon the expertise and experience of all its partners, especially Inspira Health Network and CompleteCare Health Network. Inspira, through its participation in the Medicare Bundled Payment Care Initiative – Model 1 Gainsharing Program, has been monitoring care redesign measures, patient safety and beneficiary experiences for Medicare admissions. Currently the Network monitors several of the quality metrics required under the ACO Demonstration. CCHN has been participating in a Shared Savings program with United and has been able to demonstrate very significant shared savings in the first 6 months of that program. In addition, CCHN also already monitors many of the quality metrics required for the ACO demonstration.

In addition to monitoring these metrics and developing remedial actions, THGI will develop and implement strategies to ensure feedback from patients on satisfaction is received and incorporated into the focus of the group. A copy of the Quality Plan is included in Exhibit 8.

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H. Gainsharing Plan

The gainsharing plan of THGI will be developed over the next 6-9 months by the Governing Board and submitted to the Department at a later date. Inspira Health Network, a participant in the CMS Model 1 Gainsharing Program, will lend its experience and expertise in developing the proposal for THGI's Governing Board. The plan will address how the organization will promote care coordination, increase medication compliance, encourage the use of technology and information sharing and promote healthy living in the designated area. In addition, the Plan will include an evaluation of the impact of the ACO on the revenues and volumes of the participating hospitals (i.e. due to the potential decrease in ED and inpatient utilization as a result of more coordinated care). Quality performance measures, which participating entities will report to the ACO, will be specified in the plan. Finally, the gainsharing plan will specify how savings will be distributed to members, and how this will be phased in over time. See Exhibit 9.

EXHIBITS

EXHIBIT 1:
CERTIFICATE OF INCORPORATION

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
FILING CERTIFICATION (CERTIFIED COPY)**

THE HEALTHY GLOUCESTER INITIATIVE, INC.

0400668070

I, the Treasurer of the State of New Jersey, do hereby certify, that the above-named did file and record in this department the below listed document(s) and that the foregoing is a true copy of the formation certificate as the same is taken from and compared with the original(s) filed in this office on the date set forth on each instrument and now remaining on file and of record in my office.



Certification# 132643243

Verify this certificate at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
23rd day of June, 2014*

*Andrew P Sidamon-Eristoff
State Treasurer*

Date of this notice: 06-23-2014

Employer Identification Number:
47-1161240

Form: SS-4

Number of this notice: CP 575 E

HEALTHY GLOUCESTER INITIATIVE
INC
% ROBERT M DANGEL
165 BRIDGETON PIKE
MULLICA HILL, NJ 08062

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-1161240. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

Form 990, Return of Organization Exempt From Income Tax
Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
Form 990-PF, Return of Private Foundation
Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

Form 1120, U.S. Corporation Income Tax Return
Form 1041, U.S. Income Tax Return for Estates and Trusts
Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.

Applying for Tax-Exempt Status

Receiving an EIN from the IRS is not the same thing as receiving IRS recognition of tax-exempt status. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, *Application for Recognition Under Section 501(c)(3) of the Internal Revenue Code*, or Form 1024, *Application for Recognition of Exemption Under Section 501(a)*. Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service
PO Box 12192
Covington, KY 41012-0192

Publication 557, *Tax Exempt Status for Your Organization*, has details on the application, process as well as information on returns you may need to file.

Additional information

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you don't have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can contact us using the phone number or address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you don't need to write us, please don't complete and return this stub.

Your name control associated with this EIN is HEAL. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

EXHIBIT 2:
BYLAWS

THE HEALTHY GLOUCESTER INITIATIVE INC.

BYLAWS

PREAMBLE

A. The Healthy Gloucester Initiative, Inc. (“THGI”), a New Jersey nonprofit corporation is being formed and will be operated for the primary purpose of owning and operating an Accountable Care corporation in the State of New Jersey in accordance with N.J.A.C. 10:79A-1.1 et seq., as such regulations may exist and be interpreted from time to time. All terms and concepts contained in these Bylaws shall be interpreted in a manner consistent with the letter and intent of such regulations.

B. THGI and its participants will work together to manage and coordinate care for Medicaid beneficiaries pursuant to the mechanism for shared governance set forth in these Bylaws such that THGI’s participants will have appropriate proportionate control over THGI’s decision-making process.

C. It shall be THGI’s intent to engage the public with respect to THGI’s work in order to assure a positive impact on health access, outcomes, and costs, and to receive comments regarding a gainsharing plan adopted by THGI.

ARTICLE I

Membership

Section 1. Membership. THGI shall be a membership organization. The original members (“Members”) of THGI are set forth on Schedule A annexed hereto. The number and identity of the Members may be changed over time pursuant to processes set forth in these Bylaws. Some Members may be individuals (“Individual Members”) and other Members may be organizations (“Organization Members”). The Individual Members and the Organization Members may be referred to collectively herein as the Members.

Section 2. Organization Members.

A. Each Organization Member will have the right to designate one individual who is to serve on the Board of Directors of THGI (“Board”). Each Organization Member may change the identity of its designated director at any time and as often as it see fit by sending written notice of any such change to the Secretary of THGI.

B. The Organization Members must include social service agencies or organizations, such as legal aid organizations, charitable and religious groups, and groups providing support for the needy and elderly.

C. The Organization Members must include at least two consumer organizations capable of advocating on behalf of patients residing in THGI's designated area and at least one of these Members must have extensive leadership involvement by individuals residing within THGI's designated area, such as: community organizing entities, faith-based organizations, and grassroots leadership development entities. Also, at least one of these Members must have an office or other physical presence in THGI's designated area.

D. No single organization may satisfy more than one of the requirements contained in B. and C., above.

Section 3. Annual Meeting. The Annual Meeting of the Members shall be held in the first quarter of each year at a time and place designated by resolution of the Board, or at such other time, place and date as the Board may decide by resolution, to receive such reports and other information on the affairs of THGI as the Board deems necessary or advisable.

Section 4. Special Meetings. Special meetings of the Members may be called by the Chair of the Board.

Section 5. Notices of the Meetings. Written notice of the date, time, place and purposes of every meeting of the Members shall be given not less than ten (10) nor more than sixty (60) days before the date of the meeting, either personally or by mail, by or at the direction of the Chair of the Board. Any Member may waive notice of any meeting by signing a waiver of the notice whether before or after the meeting. The attendance of a Member at any meeting without protesting prior to the conclusion of the meeting the lack of notice of the meeting shall constitute a waiver of notice.

Section 6. Transfer of Membership. Membership in THGI is not transferable or assignable. THGI shall not issue certificates of stock or dividends.

Section 7. Termination or Resignation of Membership. At any regular or special meeting of the Board and upon a 2/3 vote of all of the persons on the Board (with the exception of the person on the Board who was appointed by the Member in question), any Member may be terminated as a Member of THGI. No cause need be established in support of such a termination; however, the Member in question will be given at least ten (10) days notice of the fact that the question of its continued membership in THGI will be the subject of a vote of a meeting of the Board. Any Member may resign its membership in THGI at any time by providing written notice of resignation to the Secretary of the Board. If a Member is terminated or resigns pursuant to this Section, the person designated by that Member to serve on the Board will immediately cease to serve on the Board and any committees thereof.

Section 8. Addition of Members. At any regular or special meeting of the Board and upon a 2/3 vote of all the persons on the Board, an individual or organization may be made a Member of THGI.

ARTICLE II

Board of Directors

Section 1. Management. Subject to the powers of the Members, all powers of THGI shall be exercised by and under the authority of the Board, and the property, business and affairs of THGI shall be managed under the Board's direction. The Board shall also provide for the orientation of newly elected Directors and continuing education of Directors.

Section 2. Number of Directors. The Board shall consist of one duly authorized representative of each Organization Member and not more than five (5) Individual Members. At least one of the Individual Members must reside within THGI's designated area. Each person on the Board will be entitled to one vote on all matters coming before the Board.

Section 3. Appointment and Election of Directors.

- A. The Initial Board of Directors is shown on Exhibit B attached hereto.
- B. Each Organization Member of THGI will have the power to appoint one individual to serve on the Board. Each Organization Member may replace such individual with another as often as it sees fit by providing written notice to the Secretary. At no time may one Organization Member have more than one individual appointed by it on the Board. At no time may one individual be appointed to the Board by more than one Organization Member. There will be no limitation on the length of time that a person appointed to the Board by an Organization Member may serve on the Board.
- C. By a vote of the majority of all the Members, Individual Members will be elected to the Board and shall serve a term of three (3) years unless removed from the Board by a 2/3 vote of all the Members.
- D. At all times, the membership of the Board shall balance the interests of primary and specialty care providers, hospitals and consumer beneficiaries.
- E. In particular, the membership of the Board must include persons who represent the interests of health care providers, such as: general hospitals, clinics, private practice offices, physicians, behavioral health care providers and dentists.

F. At all times, the membership of the Board shall include at least one primary care physician and representation from other physician specialties.

G. The Executive Director will be an ex-officio, voting member of the Board of Directors.

Section 4. Annual Meeting. The Annual Meeting of the Board shall be held at a date and at such time and place as designated by resolution of the Board, or on such other date, time and place as set forth by resolution of the Board, for the purpose of electing officers and for such other business as may properly come before the meeting. Written notice of the date, time, place and purpose of the meeting shall be given not less than ten (10) or more than sixty (60) days before the date of the meeting, either personally or by mail to each Board member of record entitled to vote at the meeting.

Section 5. Regular Meetings. Regular meetings of the Board shall be held at such place and such time as may be designated by resolution of the Board, for the transaction of such business as may properly come before said Board. No notice of regular meetings that have been established by resolution of the Board shall be necessary. If the date of any regular meeting shall be a legal holiday, the meeting shall be held on such other date within ten days before or after such legal holiday as shall be designated by the Board.

Section 6. Special Meetings. Special meetings of the Board may be called by the Chair of the Board and shall be called at the written request of one-third of the members of the Board. Notice of the date, time, place, and purpose of the special meeting shall be delivered to each Director either personally or by mail, telephone, or facsimile to his or her residence or place of business (as the same shall have been provided to the Secretary by the Board member in writing) at least three days before the date of such meeting. Such notice shall state the business for which such meeting has been called, and no business other than that stated in the notice shall be transacted at such special meeting. A Director may waive notice of a special meeting, by signing a waiver of the notice whether before or after the meeting. The attendance of a Director at a special meeting without protesting prior to the conclusion of the meeting the lack of notice of the meeting shall constitute a waiver of notice. Notice of an adjourned special meeting need not be given if the time and place are fixed at the meeting adjourning and if the period of adjournment does not exceed ten (10) days in any one adjournment.

Section 7. Quorum and Action. At any meeting of the Board, a majority of the voting members of the Board shall constitute a quorum. In addition to those Directors who are physically present at a meeting, Directors shall be deemed as present at such meeting if a telephone or similar communications equipment is used by means of which all persons participating in the meeting can hear each other at the same time. The act of a majority of the Directors present and voting at a meeting at which a quorum is present shall be the act of the Board. After a quorum has been established

at a meeting of the Board, the subsequent withdrawal of Directors from the meeting so as to reduce the number of Directors present to fewer than the number required for a quorum shall not affect the validity of any action taken by the Board at the meeting or any adjournment thereof unless a member of the Board requests a quorum call, in which event the meeting shall adjourn if a quorum is not present. A majority of the Directors present, whether or not a quorum exists, may adjourn any meeting of the Board to another time and place.

Section 8. Board Action Without a Meeting. Any action which may be taken at a meeting of the Board may be taken without a meeting if, prior or subsequent to such action, a consent in writing setting forth such action is signed by all of the members of the Board and is filed in the minutes of the proceedings of the Board.

Section 9. Compensation of Directors and Committee Members. Directors and members of all Committees shall not receive compensation for any services rendered in their capacities as Directors or Committee members; provided that nothing herein shall be construed to preclude any Director or Committee member from receiving compensation from THGI for other services actually rendered or for expenses incurred for serving THGI as a Director or in any other capacity.

Section 10. Voting. Each Director is entitled to one vote on any matter properly submitted to the Directors for their vote. Voting shall be in person and there shall be no voting by proxy.

ARTICLE III

Officers

Section 1. Officers. The officers of THGI shall be Chair, Vice-Chair, Secretary, Treasurer and such other officers as the Board may authorize. The other officers shall be elected annually by the Board at the annual meeting of the Board, and shall hold office for a period of one year, or until their successors have been duly elected or appointed and qualified. No person may hold the same elected office for more than three (3) full and consecutive one-year terms. Terms served prior to the adoption of this provision will be counted toward this term limitation. Any two or more offices may be held by the same person, but no officer shall execute, acknowledge, or verify any instrument in more than one capacity if the instrument is required by law, these Bylaws, or any resolution adopted by the Board to be executed, acknowledged, or verified by two or more officers.

Section 2. The Chair. The Chair shall call and preside at all meetings of the Board and shall perform such other duties as may be prescribed by these Bylaws or by the Board from time to time. The Chair of the Board shall serve ex-officio on all standing and special committees, but without power to vote unless specifically named as a voting member of the particular committee.

Section 3. The Vice-Chair. The Vice-Chair shall act as Chair in the absence of the Chair, and, when so acting, shall have all the powers and authorities of the Chair. The Vice-Chair shall perform such other duties may be prescribed by the Chair or by the Board from time to time.

Section 4. The Secretary. The Secretary shall act as Secretary of THGI and of the Board; shall provide for an agenda for all meetings of THGI and of the Board; shall supervise the custody of all records and reports of THGI and the Board; shall be responsible for or provide for the keeping and recording of adequate records of all transactions and of the minutes of all meetings of THGI and the Board; and, shall perform such other duties as may be prescribed by the Chair or by the Board from time to time.

Section 5. The Treasurer. The Treasurer shall supervise the overall care and custody of all funds of THGI. He or she shall see that an accounting system is maintained in such a manner as to give a true and accurate accounting of the financial transactions of THGI, and shall cause such accounting to be presented to and made available to the Board. The Treasurer shall also see that all expenditures are made to the best possible advantage and that all accounts payable are verified and approved systematically in such manner as may be authorized by the Board. The Treasurer shall perform such other duties as may be prescribed by the Chair or by the Board from time to time.

Section 7. Vacancies. Any vacancy in any office because of death, resignation or removal shall be filled by the Board for the unexpired term of such office.

Section 8. Resignation or Removal of Officers. An officer of THGI may resign at any time by tendering his resignation in writing to the Chair. The resignation shall become effective upon the date specified therein (but not earlier than the date of receipt) or if no date is specified therein, upon receipt by THGI. Any officer of THGI may be removed at any time, with or without cause, by the Board.

ARTICLE IV

Committees

Section 1. General. The Committees of the Board shall be Standing or Special. Standing Committees and Special Committees shall be authorized by resolution adopted by a majority of the entire Board. Such resolutions shall define the roles and authority of the Standing Committees. The Chair shall appoint the chairs and members of all Standing Committees, who shall serve at the pleasure of the Board or until the next Annual Meeting of the Board and until their successors have been appointed and qualified. The Chair shall also appoint the chairs and members of all Special Committees, who shall serve at the pleasure of the Board. The Chair and Executive Director shall be members of all Standing and Special Committees ex

officio, but without the power to vote unless specifically named as voting members of the particular Committee. Each Committee may establish one or more sub-committees or other working groups to assist, advise and make recommendations to it. Persons who are not Directors may serve on Committees and participate in these sub-committees or working groups. Committees may only make recommendations to the Board and shall not have the authority to legally bind THGI.

Section 2. Quality Committee. An initial Standing Committee of the Board shall be the Quality Committee. This Committee shall be responsible for maintaining and implementing a Board-approved system to set and evaluate standards of care, to receive and address patient complaints and conduct ongoing monitoring to ensure access to quality care and to prevent inappropriate provider self-referrals, reductions in care or limitations on services. In addition to such other persons as may be appointed to the Quality Committee by the Chair, the membership of the Quality Committee must include the Medical Director, two or more primary care physicians and one or more physician who specializes in chronic diseases.

Section 3. Special Committees. Special Committees shall limit their activities to the accomplishment of the tasks for which created and appointed and shall have no power to act except as is specifically conferred by action of the Board. Upon completion of the task for which appointed, such special committees shall stand discharged.

Section 4. Committee Members' Term of Office. The members of each Committee shall be appointed for one (1) year, unless otherwise specified in these Bylaws, and shall continue in office until the next Annual Meeting of the Board and until their successors are appointed, unless the Committee of which they are members shall be sooner terminated by the Board or until their death, resignation or removal as Committee members or Directors, whichever first occurs.

Section 5. Committee Meetings. Meetings of any Committee may be called by the Chair of such Committee by giving notice of such meeting, setting forth its time and place, delivered personally or by mail or telephone to the residence or place of business of the Committee member at least three (3) days prior to such meeting. Unless otherwise provided in these Bylaws, a majority of the members of any Committee shall constitute a quorum for the transaction of business. After a quorum has been established at a Committee meeting, the subsequent withdrawal of Committee members from the meeting so as to reduce the number of Committee members present to fewer than the number required for a quorum shall not affect the validity of any action taken at the meeting, unless a Committee member requests a quorum call in which event the meeting shall be adjourned if a quorum is not present. Actions taken at a meeting of any Committee shall be reported to the Board at its next meeting following the Committee meeting; except that when the meeting of the Board is held within two days after the Committee meeting, the report shall, if not made at the first meeting, be made to the Board at its second meeting following the Committee meeting. Each Committee shall keep minutes of its meetings.

Section 6. Vacancies. Vacancies occurring on any committee shall be filled by the Chair.

Section 7. Resignation or Removal of Committee Members. A member of any Committee may resign at any time by tendering his or her resignation in writing to the Chair. Replacement of an individual as a Director shall also constitute resignation as a member of any Committee of the Board. The Board, by resolution adopted by a majority of the entire Board, may remove any Director from membership on a Committee at any time, with or without cause.

Section 8. Committee Action Without a Meeting. Any action which may be taken at a meeting of any Committee may be taken without a meeting if, prior or subsequent to such action, a consent in writing setting forth such action is signed by all of the members of the Committee and is filed in the minutes of the proceedings of the Committee.

Section 9. Powers of Committees. No Committee shall have the power to legally bind THGI by its actions unless such power is specifically and expressly granted to it by the Board or these Bylaws. If such power is granted, no member of the Committee who is not also a Director may vote with respect to such action.

ARTICLE V

Administration

Section 1. The Executive Director. If the Board should choose to appoint an Executive Director, he or she shall be the exclusive representative of the Board in the management of THGI. The Executive Director shall be given the necessary authority and be held responsible for the administration of THGI in all of its activities and departments, subject only to such policies as may be adopted, and such orders as may be issued by the Member or the Board, or by any of the Board's Committees to which it has delegated power for such action. He or she shall act as the "duly authorized representative" of the Board in all matters in which the Board had not formally designated some other person for that specific purpose. The Executive Director will be an ex-officio, voting member of the Board. The Executive Director shall serve ex-officio on all standing and special committees, but without power to vote unless specifically named as a member of the particular committee.

Section 2. Authority and Duties of Executive Director. The authority and duties of the Executive Director shall be:

(a) To perfect and submit to the Board for approval, a plan of organization of the personnel and others concerned with the operation of THGI.

(b) To prepare an annual budget showing the expected receipts and expenditures, if requested so to do by the Board.

(c) To select, employ, supervise, and discharge all employees authorized by the Board.

(d) To supervise all business affairs such as the records of financial transactions, collection of accounts, and purchase and issuance of supplies, and to insure that all funds are collected and expended to the best possible advantage.

(e) To attend all meetings of the Board and its Committees.

(f) To perform any other duty that may be necessary in the best interest of THGI.

(g) To serve as the liaison officer and channel of communications for all official communications between the Board and the community.

Section 3. Medical Director. The authority and duties of the Medical Director shall be as set forth in Exhibit ___ attached hereto, which may be amended from time to time by the Board.

ARTICLE VI

Conflicts of Interest

Each person on the Board shall be subject to the Annual Disclosure and Conflict of Interest Policies of THGI, if and as they may exist from time to time.

ARTICLE VII

Indemnification

Section 1. Actions Other Than By or in the Right of THGI. THGI shall indemnify any person who was or is a party, or is threatened to be made a party to any threatened, pending or completed action, suit or proceedings, whether civil, criminal, administrative, arbitative or investigative (other than an action by or in the right of THGI) by reason of the fact that he is or was a Director, officer, employee, agent, or member of a Committee of THGI, or who is or was serving at the request of THGI as a director, officer, employee, agent, or member of a committee of another corporation, partnership, joint venture, trust or other enterprise, against liabilities and expenses (including attorneys' fees), judgments, fines, penalties and amounts paid in settlement actually and reasonably incurred by him or her in accordance with such action, suit, or proceeding, if he or she acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to, the best interests of THGI, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he or she reasonably believed to be in, or not

opposed to, the best interests of THGI, and, with respect to any criminal action or proceeding, had reasonable cause to believe that his or her conduct was unlawful.

Section 2. Actions by or in the Right of THGI. THGI shall indemnify any person who was or is a party, or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of THGI to procure a judgment in its favor by reason of the fact that he or she is or was a Director, officer, employee, agent, or member of a committee of THGI, or is or was serving at the request of THGI as a director, officer, employee, agent, or member of a committee of another corporation, partnership, joint venture, trust or other enterprise, against liabilities and expenses (including attorneys' fees) actually and reasonably incurred by him or her in connection with the defense or settlement of such action or suit, if he or she acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to the best interests of THGI, and except that no indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of his or her duty to THGI, unless, and only to the extent that the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability, but in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for such expenses as the court shall deem proper.

Section 3. Indemnification Against Expenses. To the extent that a Director, officer, employee, agent, or member of a Committee of THGI has been successful, on the merits or otherwise, in the defense of any action, suit or proceeding referred to in Section 1 or Section 2 of this Article, or in defense of any claim, issue or matter therein, he or she shall be indemnified against expenses (including attorneys' fees) actually and reasonably incurred by him or her in connection therewith.

Section 4. Authorization of Indemnification. Any indemnification under Section 1 or Section 2 of this Article (unless ordered by a court) shall be made by THGI only as authorized in the specific case, upon a determination that indemnification of the Director, officer, employee, agent, or member of a committee is proper in the circumstances because he or she has met the applicable standard of conduct set forth in Section 1 or Section 2 of this Article. Such determination shall be made (1) by the Board by a majority vote of a quorum consisting of Directors who were not parties to or otherwise involved in such action, suit or proceedings, or (2) if such a quorum is not obtainable, or, even if obtainable, a quorum of disinterested Directors by majority vote so directs, by independent legal counsel in a written opinion, or (3) by the Member.

Section 5. Payment of Expenses in Advance. Expenses incurred in defending a civil or criminal action, suit or proceeding may be paid by THGI in advance of the final disposition of such action, suit or proceeding, as authorized by the Board in the manner set forth in Section 4 of this Article, upon receipt of an undertaking by or on behalf of the Director, officer, employee, agent, or member of a committee to repay

such amount, unless it shall ultimately be determined that he or she is entitled to be indemnified by THGI as authorized in this Article.

Section 6. Provisions Not Exclusive. The indemnification provided by this Article shall not be deemed exclusive of any other rights to which those seeking indemnification may be entitled under any bylaw, agreement, or vote of disinterested Directors, under the Certificate of Incorporation of THGI, or otherwise, both as to action in his or her official capacity and as to action in any other capacity while holding such office, except an indemnification against gross negligence or willful misconduct, and shall continue as to a person who has ceased to be a Director, officer, employee, agent, or member of a committee, and shall inure to the benefit of the heirs, executors and administrators of such a person.

Section 7. Insurance. THGI shall purchase and maintain insurance, to the extent such insurance is available and economically feasible, on behalf of any person who is or was a Director, officer, employee, agent, or member of a committee of THGI, or who is or was serving at the request of THGI as a Director, officer, employee, agent, or member of a committee of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, or arising out of his status as such, whether or not THGI would have the power to indemnify him or her against such liability under the provisions of this Article.

ARTICLE VIII

Investments

Section 1. Assets. The Board shall incorporate as assets of THGI all property received and accepted by THGI, and, subject to any limitations, conditions or instructions which may be a part of any gift, grant, bequest or devise, may commingle any assets, or may maintain any asset or assets in segregated funds or accounts whenever in its sole discretion it determines such segregation to be in the best interest of THGI, or, when the limitations, conditions or instructions of any gift, grant, bequest, or devise shall require such segregation.

Section 2. Restrictions. Prior to the commencement of each fiscal year, THGI must develop and approve by a two-thirds vote of the Board a Disbursement Budget that indicates the amount of principal, if any, and earnings, if any, that are to be disbursed by THGI in the fiscal year. Any spending in excess of the amounts approved in the Disbursement Budget must be approved by a two-thirds vote of the Board.

ARTICLE IX

Dissolution and Distribution of Assets

Section 1. Dissolution. THGI may not be dissolved except upon the vote of two-thirds of the entire membership of the Membership. No action in favor of dissolution will be considered valid unless such action also provides for the disposition of THGI's remaining assets in accordance with the following Section.

Section 2. Distribution of Assets in Event of Dissolution. In the event of the dissolution of THGI, all of THGI's remaining assets must be used exclusively for tax-exempt purposes, such as charitable, religious, educational and/or scientific purposes.

ARTICLE X

OTHER MATTERS

Section 1. Anti-Trust and Anti-Collusion Policy. THGI will establish and implement appropriate safeguards against any conduct by or among its Members, Directors and participants that could facilitate collusion among its participants that could affect the commercial health care marketplace, including, but not limited to, discussions among its participants about rates negotiated with commercial payers. Under no circumstances shall THGI negotiate reimbursement rates for clinical services provided by its participating providers with respect to any public or private payer.

Section 2. Gainsharing Plan. THGI will establish a gainsharing plan that shall describe its process for receiving and distributing gainsharing payments.

ARTICLE XI

Amendments

The Certificate of Incorporation of THGI or these Bylaws may be altered or amended only following approval of the Members by the affirmative vote of two-thirds of the entire membership at a duly constituted meeting of the Members.

SCHEDULE A
INITIAL MEMBERS

INDIVIDUAL MEMBERS

ORGANIZATION MEMBERS

EXHIBIT B

INITIAL BOARD OF DIRECTORS

EXHIBIT C
MEDICAL DIRECTOR DUTIES

EXHIBIT 3:
GOVERNING BOARD MEMBERS

EXHIBIT 3

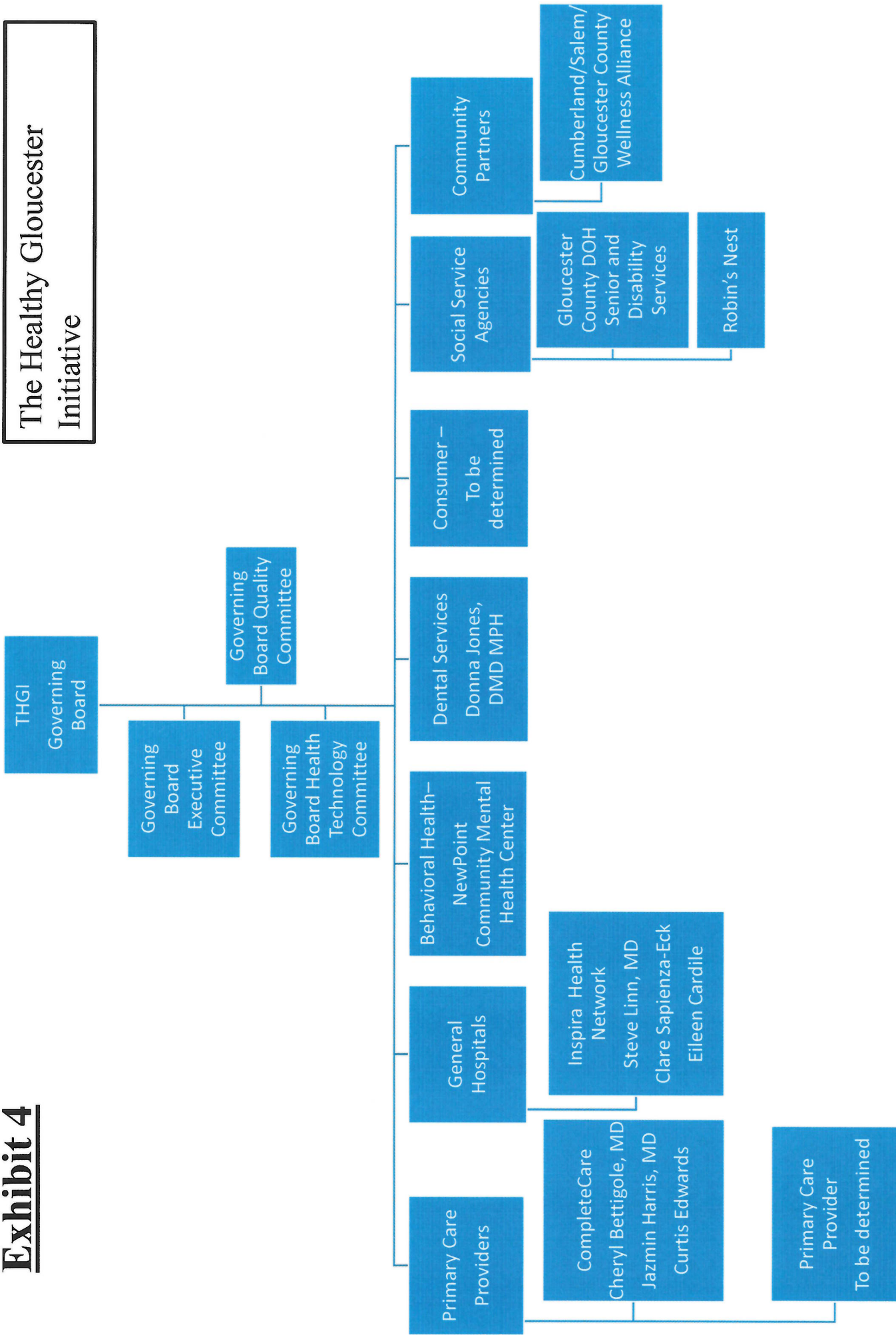
THGI Medicaid ACO Board – Gloucester County

Representing	Member Organization/ Individual	Organization	Name
Health care providers	Member	CompleteCare	Cheryl Bettigole, MD MPH Chief Medical Officer Jazmin Harris, MD Curtis Edwards, Executive Vice President
	Member	Inspira Health Network	Steve Linn, MD Chief Transformation Officer, Chief Medical Officer, VP Academic Affairs Clare Sapienza-Eck Vice President Business Development and Physicians Relations Eileen Cardile Executive Vice President and President/CEO, Inspira Medical Center-Woodbury
	Individual	Private practice	To be determined
Behavioral Health	Member	NewPoint Community Mental Health Center	John Zukauskas, MBA
Dentists	Member	CompleteCare	Donna Jones, DMD MPH Director Dental Services
Patients	Individual	NA	To be determined
Social service agencies	Member	Gloucester County DOH Senior and Disability Services	Robert Bamford
Social service agencies	Member	Robin's Nest	Anthony DeFabio, Psy.D.
Consumer Organizations	Individual	Cumberland/Salem/Gloucester County Health and Wellness Alliance	Carolyn Heckman, Executive Director of Health and Wellness Alliance

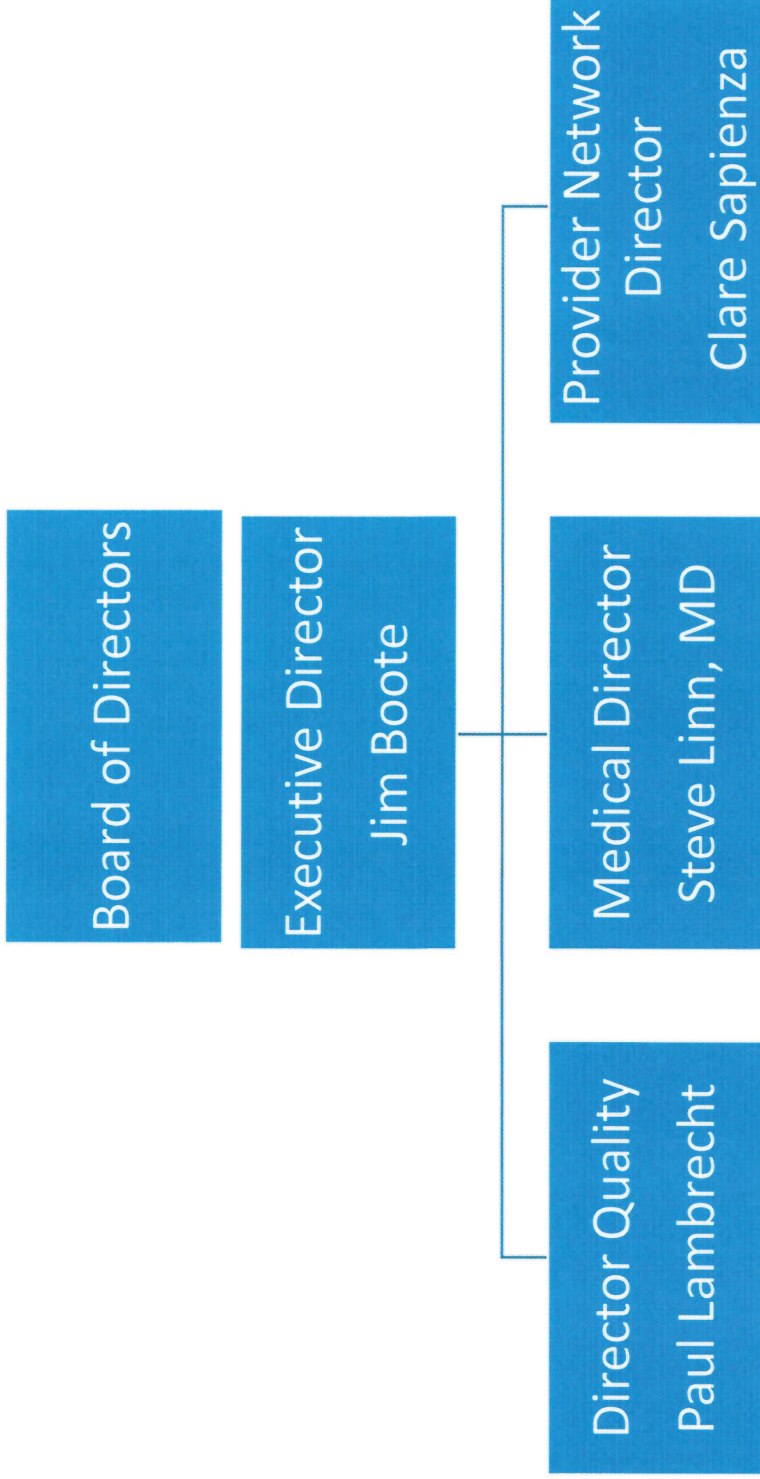
EXHIBIT 4:
ORGANIZATIONAL CHART

Exhibit 4

The Healthy Gloucester Initiative



The Healthy Gloucester Initiative
Organizational Chart



James (Jim) Boote M.H.A.
Executive Director - THGI
VP Ambulatory Care, Inspira Health Network

Jim has spent almost 30 years in various healthcare leadership positions, including more than 15 years of senior executive level experience. He has leadership experience with tertiary care medical centers, large community hospital systems and free standing small rural hospitals. He graduated from Duke University with an MHA. He is now the Vice President of Ambulatory Care for Inspira Health Network, and has been responsible for building a health network of providers and services for people residing across 1,000 square miles of southern New Jersey; including physician offices (both primary care as well as specialists), imaging services, physical therapy, lab and urgent care centers, as well as the development of IHN's Patient Centered Medical Home program.

Over the years he has been responsible for many aspects of healthcare management including but not limited to; strategic plan development and implementation resulting in significant quality of care improvements, market share advancements, and joint ventures. He also has had operational responsibility for hospital departments, ambulatory surgery centers, home health care, nursing home, fitness center development, medical staff development and physician recruitment. He has developed and managed large construction and renovation projects such as; ED, OR's, ICU's, Cardiac Cath Labs, new patient wings, support areas and parking decks. He has also managed and led both the acquisition and sale of major pieces of real estate. Jim has been responsible for both large and small group physician practice management including billing, practice acquisition, practice mergers, practice closures, and joint ownership ventures.

Jim has also worked with two consulting groups, the major affiliation being The Hunter Group, when it was lead by David Hunter. This experience with consulting provided many different settings and quite a variety of healthcare "opportunities".

Jim has also been a lecturer, published articles and has taught Health Care Financial Management at Lander University in Greenwood, South Carolina.

Jim and his wife Terri live in Vineland New Jersey, their three adult children are now graduated from college, married, and have blessed them with six grandchildren.

EXHIBIT 5:
ANALYSIS OF DESIGNATED AREAS

EXHIBIT 5

The Healthy Gloucester Initiative, Inc.
 Medicaid Households by Zip Code
 (Source: Sg2 Insurance Estimates Module_run date 03-14-14)

Zip Code	City	Households	Cumulative Households	# of persons per household	Potential Beneficiaries	Cumulative Beneficiaries
8066	Paulsboro	620	620	2.62	1,624	1,624
8096	Woodbury	1,543	2,163	2.46	3,796	5,420
8097	Woodbury Heights	88	2,251	2.72	239	5,659
	Total	2,251	2,251		5,659	5,659

Note: "Persons per household" taken from the Census Bureau_State&County Quick Facts for Paulsboro, Woodbury and Gloucester County, respectively.

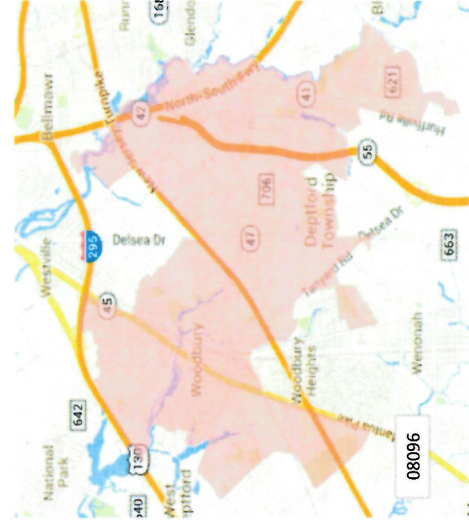


EXHIBIT 6:
ANALYSIS OF MEDICAID PROVIDER
PARTICIPATION

The Healthy Gloucester Initiative, Inc.
 Medicaid Provider Participation List

Source: Online Provider Directories for Horizon NJ Health, United Healthcare, Amerigroup and Wellcare

Physician	Specialty	Address	City	Zip Code	County	Phone	Include/E	Letters of Support	Comments
YOUNG, JIMMIE, MD	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Include		
KNOFLICEK, LISA E., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Include	x	
DOMANSKI, JOHN D	FAMILY PRACTICE	550 JESSUP ROAD	PAULSBORO	8066	GLOUCESTER	(856) 762-1933	Include	x	
NOLAN, JAMIE L.	OB/GYN	600 JESSUP RD	PAULSBORO	8066	GLOUCESTER	(856) 845-4061	Include		
BAKER, PAUL W., MD	OB/GYN	600 JESSUP RD	PAULSBORO	8066	GLOUCESTER	(856) 845-4061	Include		
DIJOSEPH, BENJAMIN D., DO	OB/GYN	600 JESSUP RD	PAULSBORO	8066	GLOUCESTER	(856) 845-4061	Include		
MCGNALLY, LAURYN A., DO	OB/GYN	600 JESSUP RD	PAULSBORO	8066	GLOUCESTER	(856) 845-4061	Include		
LOFTON, AZIEB G., DO	OB/GYN	600 JESSUP RD	PAULSBORO	8066	GLOUCESTER	(856) 845-4061	Include		
AQUILINO, LINDA, DO	INTERNAL MEDICINE	1652 COOPER ST	WOODBURY	8096	GLOUCESTER	(856) 227-8611	Include	x	
DIMEDIO, LISA C., DO	INTERNAL MEDICINE	1652 COOPER ST	WOODBURY	8096	GLOUCESTER	(856) 227-8611	Include	x	
BONETT, ANTHONY W., MD	INTERNAL MEDICINE	50 COOPER ST	WOODBURY	8096	GLOUCESTER	(856) 848-8081	Include		
SORMARAJ, AMUTHA A., MD	FAMILY PRACTICE	608 N BROAD ST STE 100	WOODBURY	8096	GLOUCESTER	(856) 848-1307	Include		
TROTZ, CHRISTOPHER R., MD	FAMILY PRACTICE	608 N BROAD ST STE 100	WOODBURY	8096	GLOUCESTER	(856) 848-1307	Include		
OBEIRNE, PATRICK M., MD	INTERNAL MEDICINE	730 N BROAD ST STE 200	WOODBURY	8096	GLOUCESTER	(856) 251-2340	Include		
LOUBEAU-MAGNET, HELENE, DO	FAMILY PRACTICE	831 KINGS HWY STE 100	WEST DEPTFORD	8096	GLOUCESTER	(856) 853-8730	Include		
MAGNET, MARCUS, MD	FAMILY PRACTICE	831 KINGS HWY STE 100	WEST DEPTFORD	8096	GLOUCESTER	(856) 853-8730	Include		
MALIK, TAHSEEN R., MD	FAMILY PRACTICE	831 KINGS HWY STE 100	WEST DEPTFORD	8096	GLOUCESTER	(856) 853-8730	Include		
ROGERS, MICHAEL S., MD	FAMILY PRACTICE	831 KINGS HWY STE 100	WEST DEPTFORD	8096	GLOUCESTER	(856) 853-8730	Include		
MILLSTEIN, JEFFREY H., MD	INTERNAL MEDICINE	1006 MANTUA PIKE	WOODBURY HEIGHTS	8097	GLOUCESTER	(856) 845-8600	Include		
KESWANI, ASHOK K.	OB/GYN	992 MANTUA PIKE STE 104	WOODBURY HEIGHTS	8097	GLOUCESTER	(856) 845-5645	Include		CamCare - Do not practice at Paulsboro site
DINKS, SHANTAY M., DO	FAMILY PRACTICE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
LEONG, KAI-KIT	FAMILY PRACTICE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
COOKE, JACQUELINE, MD	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
GORDON, MARILYN L., MD	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
HWEE, LILLIAN, DO	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
KLAUSMAN, KENNETH B., MD	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
KNOWLES, WILLIAM O., MD	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
MUHRER, JILL M., NP	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
SIMON, SHARI K., DO	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
UTERAS, JUAN S., MD	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
YOUNG, WILLIAM P., MD	INTERNAL MEDICINE	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
BADOLATO, KEVIN A., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
BURTON, MONICA L., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
BUTTRESS, SHARON M., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
CHURLIN, DONNA M., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
COULTER, SUSAN B., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
KELLY-HARTSHORNE, REGINA A., NP	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
MANSON, FLORENCE N., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
NOVAK, NELLIE, MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
SCOBAY, MARY R., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
SHEEHAN, CHRISTINE, DO	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
SWATSKI, MICHAEL A., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
WILLIAMS, KAREN A., MD	PEDIATRICS	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
BARNEA, EYTAN R., MD	OB/GYN	1315 DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
CHANG, ERIC, DO	OB/GYN	1315 N DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
HYATT, ROSALIA E., MD	OB/GYN	1315 N DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
KAPLITZ, NEIL H.	OB/GYN	1315 N DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
LIGOURI, ADRIENNE L., MD	OB/GYN	1315 N DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
TOIDZE, TAMARA V., MD	OB/GYN	1315 N DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
YAHAV, ERIC K., MD	OB/GYN	1315 N DELAWARE ST	PAULSBORO	8066	GLOUCESTER	(856) 687-2200	Exclude		CamCare - Do not practice at Paulsboro site
MACKARONIS, ANTHONY C., MD	OB/GYN	600 JESSUP RD	PAULSBORO	8066	GLOUCESTER	(856) 845-4061	Exclude		CamCare - Do not practice at Paulsboro site
MAROTTA, RAYMOND J., MD	FAMILY PRACTICE	35 OAK ST	WOODBURY	8096	GLOUCESTER	(856) 853-2055	Exclude		CamCare - Do not practice at Paulsboro site

This physician is no longer practicing in the area.
 Practice Address Incorrect - This physician is a Cape Regional Medical Center physician.

The Healthy Gloucester Initiative, Inc.
 Medicaid Provider Participation List

Source: Online Provider Directories for Horizon NJ Health, United Healthcare, Amerigroup and Wellcare

Physician	Specialty	Address	City	Zip Code	County	Phone	Include/Exclude	Letters of Support	Comments
GRIFE, ROBERT M, MD	FAMILY PRACTICE	509 N BROAD ST	WOODBURY	8096	GLOUCESTER	(609) 509-3445	Exclude		This is a Nocturnist for Inspira Medical Center Woodbury.
BABARIA, BHAVIKABEN B	INTERNAL MEDICINE	509 N BROAD ST	WOODBURY	8096	GLOUCESTER	(856) 845-0100	Exclude		This is a Hospitalist for Inspira Medical Center Woodbury.
MONDOA, EMIL I, MD	PEDIATRICS	509 N BROAD ST	WOODBURY	8096	GLOUCESTER	(856) 845-0100	Exclude		Practice Address Incorrect - Actual practice location is in Camden, NJ.
RAMDIAL, HORACE L, MD	PEDIATRICS	509 N BROAD ST	WOODBURY	8096	GLOUCESTER	(856) 845-0100	Exclude		This is a Neonatologist for Inspira Medical Center Woodbury.
KRUGER, ERIC, MD	FAMILY PRACTICE	509 N BROAD ST	WOODBURY	8096	GLOUCESTER	(856) 845-0100	Exclude		Practice Address Incorrect - Actual practice location is in Wenonah, NJ.
PALMER-BRADSHAW, JOSETTE C, MD	FAMILY PRACTICE	509 N BROAD ST	WOODBURY	8096	GLOUCESTER	(856) 762-1960	Exclude		This physician is no longer practicing in the area.
PATEL, JAYMICA	FAMILY PRACTICE	509 N BROAD ST	WOODBURY	8096	GLOUCESTER	(609) 784-5581	Exclude		This physician is a Hospitalist for Inspira Medical Center Woodbury.
SPINOSI, MARY J, DO	FAMILY PRACTICE	509 N BROAD ST	WOODBURY	8096	GLOUCESTER	(856) 762-1960	Exclude		This physician is no longer practicing in the area.
FERNANDES, MARGARET, MD	PEDIATRICS	509 N BROAD ST	WOODBURY	8096	GLOUCESTER	(856) 845-0100	Exclude		This physician is no longer practicing in the area.
PETROZZA, LOUIS M.	OB/GYN	543 N BROAD ST	WOODBURY	8096	GLOUCESTER	(856) 853-2137	Exclude		This physician is now retired.
DECKER, EDMUND J, DO	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
DOSH, SANGITA K, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
HANDLER, HEIDI L, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
HORVATH, KEDRON N, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
KAIRYS, MARIE Z, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
LOUIS, MARIE E, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
MAHAMITRA, NIRANDRA, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
RAY, ANJALI K, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
RIVERA, ADALIZ, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
ROBERTSON, JOHN F, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
VOYACK, MICHAEL J, DO	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
WILLARD, MARY, MD	FAMILY PRACTICE	603 N BROAD ST STE 301	WOODBURY	8096	GLOUCESTER	(856) 845-7200	Exclude		Practice Address Incorrect - This a Cooper Physician.
LAMIT, ALAN I, MD	FAMILY PRACTICE	608 N BROAD ST STE 100	WOODBURY	8096	GLOUCESTER	(856) 848-1307	Exclude		This physician is now retired.
SAUL, HOWARD M, DO	OB/GYN	608 N BROAD ST STE 300	WOODBURY	8096	GLOUCESTER	856-686-1002	Exclude		This is a Cooper Gynecologic Oncologist.
FISHER, LUCINDA, MD	FAMILY PRACTICE	75 W RED BANK AVE	WOODBURY	8096	GLOUCESTER	(856) 853-2055	Exclude		Former Family Medicine Residency Program Faculty - Currently with Virtua in Mounty Holly
GLASS, GINA G, MD	FAMILY PRACTICE	75 W RED BANK AVE	WOODBURY	8096	GLOUCESTER	(856) 853-2055	Exclude		Family Medicine Residency Program Faculty
HAMILTON, SYLVESTER, MD	FAMILY PRACTICE	75 W RED BANK AVE	WOODBURY	8096	GLOUCESTER	(856) 853-2055	Exclude		Family Medicine Residency Program Faculty
NGUYEN, BAC X	FAMILY PRACTICE	75 W RED BANK AVE	WOODBURY	8096	GLOUCESTER	(856) 853-2055	Exclude		Family Medicine Residency Program Faculty
VANDERWERKEN, SUZANNE W, MD	FAMILY PRACTICE	75 W RED BANK AVE	WOODBURY	8096	GLOUCESTER	(856) 853-2055	Exclude		Family Medicine Residency Program Faculty
MCANDREW, THOMAS M, MD	INTERNAL MEDICINE	75 W RED BANK AVE	WOODBURY	8096	GLOUCESTER	(856) 853-2055	Exclude		Family Medicine Residency Program Faculty
HERMAN, GREGORY E, MD	FAMILY PRACTICE	75 W RED BANK AVE	WOODBURY	8096	GLOUCESTER	(856) 853-2055	Exclude		This physician is no longer practicing.
ROEHL, BARBARA, MD	FAMILY PRACTICE	75 W RED BANK AVE	WOODBURY	8096	GLOUCESTER	(856) 853-2055	Exclude		This physician is no longer practicing in the area.

Total # of providers: 84
 Total # of "included" providers: 20
 Total # of required providers (based on 75% of "included" providers): 15
 Actual # of Letters of Support received to date: 4

Notes: The provider list was generated utilizing the online provider directories for Horizon NJ Health, United Healthcare, Amerigroup and Wellcare. Further scrubbing of the list took place to validate, as best as possible, the existence of the providers at the locations listed. Through that process a number of physicians were excluded based on the rationale noted. Although we are only able to submit Letters of Support representing 4 of the providers, we are encouraged by the discussions we've had with the remaining providers and we are confident that we will have the required amount of Letters of Support by the completeness period.

EXHIBIT 7:
LETTERS OF SUPPORT



June 30, 2014

Dr. Steven Linn
Chief Medical Officer/Population Health Officer
Inspira Health Network
Medical Staff Office
1505 West Sherman Ave.
Vineland, NJ 08360

Re. Letter of Support for Inspira Health Network's Medicaid Accountable Care Organization Application called The Healthy Gloucester Initiative, Inc. ("THGI")

Dear Dr. Linn,

The New Jersey Health Care Quality Institute strongly supports Inspira Health Network's application to participate in the Medicaid Accountable Care Organization Demonstration Project established by NJ P.L 2011, Chapter 114. We believe that Inspira Health Network is firmly committed to providing high-quality, cost-effective health care to the most vulnerable patients residing in Cumberland County through collaboration, the use of data, and patient-centered care. We also believe that Inspira Health Network 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. Inspira Health Network 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 Inspira Health Network develops its Medicaid ACO, the Quality Institute will continue to provide these services and more to support its efforts. Inspira Health Network 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
1st 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
CHE-Trinity 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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next program year (2014-15). We strongly believe in Inspira Health Network goals improving the quality, capacity, and efficiency of the health care system in Cumberland, New Jersey and are proud to support the formation of its Medicaid ACO.

Sincerely,

A handwritten signature in black ink that reads "Linda Schwimmer". The signature is written in a cursive style.

Linda Schwimmer
Vice President
New Jersey Health Care Quality Institute



June 26, 2014

Re: Letter of Support for Inspira Health Network Medicaid Accountable Care Organization

To the New Jersey Department of Human Services:

CAMcare Health Corporation supports the formation of Inspira Health Network (IHN) Medicaid Accountable Care Organization (ACO) to serve the residents in Gloucester County New Jersey. IHN has brought together providers from across the healthcare spectrum to improve care for Gloucester County's most vulnerable residents.

Our organization looks forward to continuing to partner with IHN as a member of its Accountable Care Organization. We support the goals of IHN'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 Inspira Health Network's ACO for Gloucester County.

Respectfully submitted,

Mark K. Bryant, President/CEO

Doctors:

Yang, Immae MD

Knoflicek, Lisa MD

Provider Letter of Support

To Whom It May Concern;

I have received information from Inspira Health Network about the development of a Medicaid ACO called The Healthy Gloucester Initiative, Inc. Our physician's group called Inspira Medical Group ("IMG") which is composed of 27 total IMG physicians is composed of the following; Primary Care Physicians (19), Obstetric/Gynecology physicians (4) and Midwives (4) interested in participating. "IMG" agrees to the following:

1. To participate in the program for the full length of the project (up to three years);
2. To support the project objectives;
3. To provide timely information to meet the ACO's reporting requirements, including quality measures and patient experience findings;
4. To share patient medical information with participating ACO members, pursuant to necessary data sharing agreements, for the purpose of meeting the project objectives, including patient care, tracking, follow-up and coordination;
5. I acknowledge that, notwithstanding any project objectives, I shall retain responsibility for medically appropriate treatment and referral decisions, document the basis for such decisions, and not limit treatment and referrals to providers participating in the ACO if treatment or referral to outside providers is medically indicated;
6. I acknowledge that, consistent with the project objectives, I shall not organize my care delivery to reduce access to care or increase costs, but instead shall work to improve health outcomes and quality while reducing unnecessary and inefficient spending; and
7. I commit to abide by the ACO's antitrust compliance policy.

Signature: _____

Frank Ferry, M.D., IMG President

Doctors:
Aquilino, Linda
Di Medico, Lisa

EXHIBIT 8
QUALITY PLAN

Exhibit 8

The Healthy Gloucester Initiative – Accountable Care Organization Quality Plan

Introduction

The Health Gloucester Initiative (THGI) will comply with the Quality Plan, and will monitor and report all required measures.

The planning process that THGI undertakes includes the assessment of the issues facing the Medicaid beneficiaries in the designated area as well as the challenges confronting the care providers. The Quality Committee of the Governing Body will review this data and use it as the basis for selection of voluntary measures set forth in the ACO rules. The selected measures will be directed at prevention and effectiveness of care and chronic disease management.

Goals and Objectives

The THGI has the following goals:

- Enhance the quality of care delivered to Medicaid enrollees in the defined area of Gloucester County, NJ
- Ensure community engagement through patient feedback and monitoring of patient satisfaction
- Establish an equitable distribution of savings achieved through collaboration of THCI members

Members

The Governing Board will assign members to the Quality Committee.

Performance Measures

Each member of THGI has an individualized Quality Plan specific to their institution, which may include a number of performance measures similar to or the same as those required by the ACO regulations. The Quality Committee will evaluate the issues confronting patients and providers in Gloucester County. Using this information, the Quality Committee will choose at least the required number of measures for monitoring by care providers in the ACO.

Feedback Activities

In addition to overseeing the quality metrics, the Quality Committee will develop mechanisms and systems to elicit feedback from those it serve. With the goal of developing more efficient and coordinated care, the ACO must respond to user needs. The only way to know what these needs entail is to obtain feedback from those who use the system. The Committee shall develop ways to get this feedback, preferably in an electronic format, to determine whether actions taken address the needs of users.

The initial step will be to identify what the issues are. To do this, a limited number of interactions with patients and providers will be conducted in order to identify what the main issues are. Then the Quality

Exhibit 8

The Healthy Gloucester Initiative – Accountable Care Organization Quality Plan

Committee will develop a remedial action plan to address the identified issues. Subsequently, the Quality Committee will re-survey users to determine if the action plan has resolved the issue(s).

Gainsharing

Oversight of the Gainsharing Plan will also be assumed by the Quality Committee. The gainsharing plan will be submitted to the State within the next 6 to 9 months. Final decisions about the distribution of savings will require approval of the Governing Board members.

Exhibit 8

The measures are:

Mandatory Measures

Prevention/Effectiveness of Care
Screening for Clinical Depression and Follow Up Plan
Annual Dental Visit
Acute Care
RSV in Neonates <35 weeks
Behavioral Health
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Anti-depressant Medication Management
Chronic Conditions
Annual Monitoring for Patients on Persistent Medications (year 2)
Annual HIV/AIDS Medical Visit
Resource/Utilization
Emergency Department Visits
Inpatient Readmission within 30 days
Preventable Hospitalizations
Provider visit within 7 days of Hospital Discharge
Return to ED within 7 days of Hospital Discharge
All Hospitalizations
Percent of PCFs for Successfully Qualify for EHR Incentive Payment
CAHPS/Satisfaction
Getting Timely Care, Appointments and Information
How Well Your Doctor Communicates
Patients Rating of Doctor
Access to Specialists
Health Promotion and Education
Shared Decision Making
Health Status/Functional Status

Voluntary Measures – Must Select 1 Item from Prevention Measures and Any 5 from Chronic Conditions

Prevention/Effectiveness of Care (Select 1 Measure)
Childhood Immunization Status
Adolescent Immunization
Well Child Visits first 15 months
Well Child Visits 3, 4, 5, & 6
Adolescent Well Care
Weight Assessment and Counseling for Children and Adolescents
Frequency of Ongoing Prenatal Care
Medical Assistance with Smoking and Tobacco Use Cessation
Cervical Cancer Screening
Colorectal Cancer Screening
Tobacco Screening and Cessation
Breast Cancer Screening
Chlamydia Screening in Women 21-24
Prenatal and Postpartum Care

Chronic Conditions (Select 5 Measures)
Cardiovascular Disease
Cholesterol Management for Patients with Cardiovascular Conditions
Controlling High Blood Pressure
Complete Lipid Panel and LDL Control
Use of Aspirin or Another Antithrombic
Beta Blocker Therapy for Left Ventricular Systolic Dysfunction
Drug Therapy for Lowering LDL Cholesterol
ACE or ARB Therapy for Patients with CAD or LVSD
Diabetes
HbA1c Testing*
HbA1c Poor Control >9*
Control <8*
LDL Screening
LDL Control <100*
Neuropathy Monitoring*
BP Control <140/80*
Eye Exam*
Respiratory
Use of Appropriate Medications for People with Asthma*
Medication Management for People with Asthma
Use of Spirometry Testing in Assessment & Diagnosis of COPD
Pharmacotherapy of COPD exacerbation
Resource/Utilization
30 day Readmission Rate following AMI
30 day Readmission Rate following HF
30 day Readmission Rate following PNE
COPD Admission Rate
CHF Admission Rate
Adult Asthma Admission Rate

Demonstration Measures – these items will NOT be included in the Gain Sharing Calculations

Follow up After Hospitalization for Mental Illness
Medication Reconciliation (year 2)
Mental Health Utilization
Transportation
Referrals/Connections to Social Supports (housing, food)
Identification of Alcohol & Other Drug Services

EXHIBIT 9
GAINSHARING PLAN

Exhibit 9

The Healthy Gloucester Initiative – Accountable Care Organization Gainsharing Plan

The Gainsharing Plan will be developed within the next 6 to 9 months and submitted as required.