

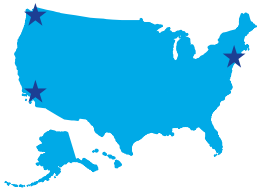


Organizational Overview
2017

Organizational Overview



We are the partner of choice for providers and payors across the United States who are committed to success in the new value-based payment environment and developing the diverse talent needed to fill future health care roles



Offices in Downtown Los Angeles, Manhattan and Seattle, with teams across the country in major markets including Texas, the Northwest, Florida and the Northeast



COPE Health Solutions currently has over 100 employees partnering with health systems and health plans across several states and enrolls over 4,500 students annually in our courses, with a growing national and global presence



COPE Health Solutions has a proven track record in all aspects of strategy, population health management, Medicare/Medicaid transformation and workforce training across the continuum

Thought Leadership, Visionary Transformation

COPE Health Solutions' purpose and core beliefs are defined by our mission and vision statements and enabled through a set of shared firm values

Mission

To help our clients achieve visionary, market-relevant health care solutions

Vision

Our clients are leaders in adding value for consumers through innovations in population health management, talent development and alignment of financial incentives

Values

- Live and work honestly and with **integrity**.
- Foster **access** to health care for diverse communities.
- Assure the highest **quality** outcomes.
- Support the organization and other members through **teamwork**.
- Find solutions and generate positive change through **innovation**.
- Succeed by taking **initiative** to improvise, adapt to and overcome challenges.

Calculated Risks for Transformational Change

Our team of health care experts provides clients with tools, services and advice to be successful in a challenging and rapidly evolving health care environment

	COPE Health Solutions	Competitor Firms*
Strategic Planning and Operational Competencies	<ul style="list-style-type: none"> ✓ Delivers practical strategy for all lines of business to gain market share ✓ Not inhibited by risk-aversion ✓ Created a transformational space where others continue to fail and leave all-payer (safety net) clients without an effective approach for long-term viability ✓ Proven success with Medicaid (before ACA legislation and national push for value-based payments) 	<ul style="list-style-type: none"> – Risk-averse – Focus on commercial and Medicare lines of business – Projects generally geared towards short-term wins to the bottom line: <ul style="list-style-type: none"> • Revenue cycle • Process improvement • Non-integrated implementation • High-margin markets/clients
Organizational and Workforce Competencies	<ul style="list-style-type: none"> ✓ Developed unique model through Health Care Talent Development that leads to a loyal, long-standing client base eager to share their success ✓ Built largest health care talent pipeline in the country (over 20,000 resources) 	<ul style="list-style-type: none"> – Lack competencies in this area

* PwC, Deloitte, KPMG, E&Y, Manatt, Accenture, ECG, The Advisory Board, GE Healthcare, The Camden Group and McKinsey

Service Lines



Select Current Clients



Our View of the Future

National, State, Consumer Trends Drive Transformation

New Administration

- Keep your eye on the overarching macro drivers of Medicare and Medicaid solvency
 - Zero sum game amongst providers, pharma, device
 - Direct-to-consumer/retail models and health plans
 - Disruptive technology that works dependably and consistently

Medicare Access and CHIP Reauthorization Act (MACRA)

- Merit-based Incentive Payment System (MIPS)
- Alternative Payment Models (APMs)
- This was the replacement for an unsustainable SGR – unlikely to be rolled back, more likely to be simplified

Risk Based Contracting


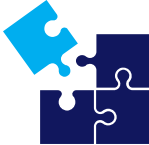
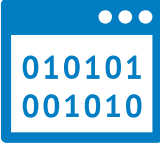
- Payors, from CMS and employers to health plans, are looking for competent providers who can take risk and delegation
- The goal of risk based contracting is to align financial incentives for providers

Medicare and Medicaid Redesign

- Cost containment, consumer accountability, administrative simplification (don't hold your breath) and, at least for Medicaid, more state control

Our Health Care Perspective

In the United States, payment and care are converging around driving greater value for patients and members of managed care organizations

Issue	Implication
 <p data-bbox="123 625 378 701">Managed Care Transition</p>	<ul data-bbox="426 475 1783 686" style="list-style-type: none">• Managed Medicare and Medicaid continue to be main growth areas• Less fee-for-service and more risk/capitation – ACOs are just gateways to managed care/capitation• Providers, particularly hospitals, still have “one foot in each canoe,” with respect to revenue and EBITDA, between fee-for-service and value-based payments
 <p data-bbox="131 903 369 979">Care Delivery Integration</p>	<ul data-bbox="426 796 1783 922" style="list-style-type: none">• Increasingly rapid migration of care from traditional locations to home and community care, sparked by financial incentives and penalties• Continued provider and payor consolidations with more integrative relationships
 <p data-bbox="142 1225 357 1258">Role of Data</p>	<ul data-bbox="426 1032 1773 1239" style="list-style-type: none">• Increasing demand for data-driven decisions and metrics to measure value and drive revenue• New York’s request to administer and coordinate all Medicaid and Medicare services in their state is a leading-edge concept that will also transition to other states over time

Our Health Care Perspective

As populations continue to age and health care transforms, the needs and capabilities of populations and the supporting workforce will also evolve

Issue

Implication



Population Health Trends

- Aging population and longer lifespans require different types of care interactions, care teams and locations
- Continuous increases in linguistic and cultural diversity within patient/member mix; aging patients/members desiring return to cultural roots
- International interest in our lessons learned on chronic disease management and cultural and linguistic access to care, particularly from countries hit by our lifestyle exports and those experiencing mass immigration



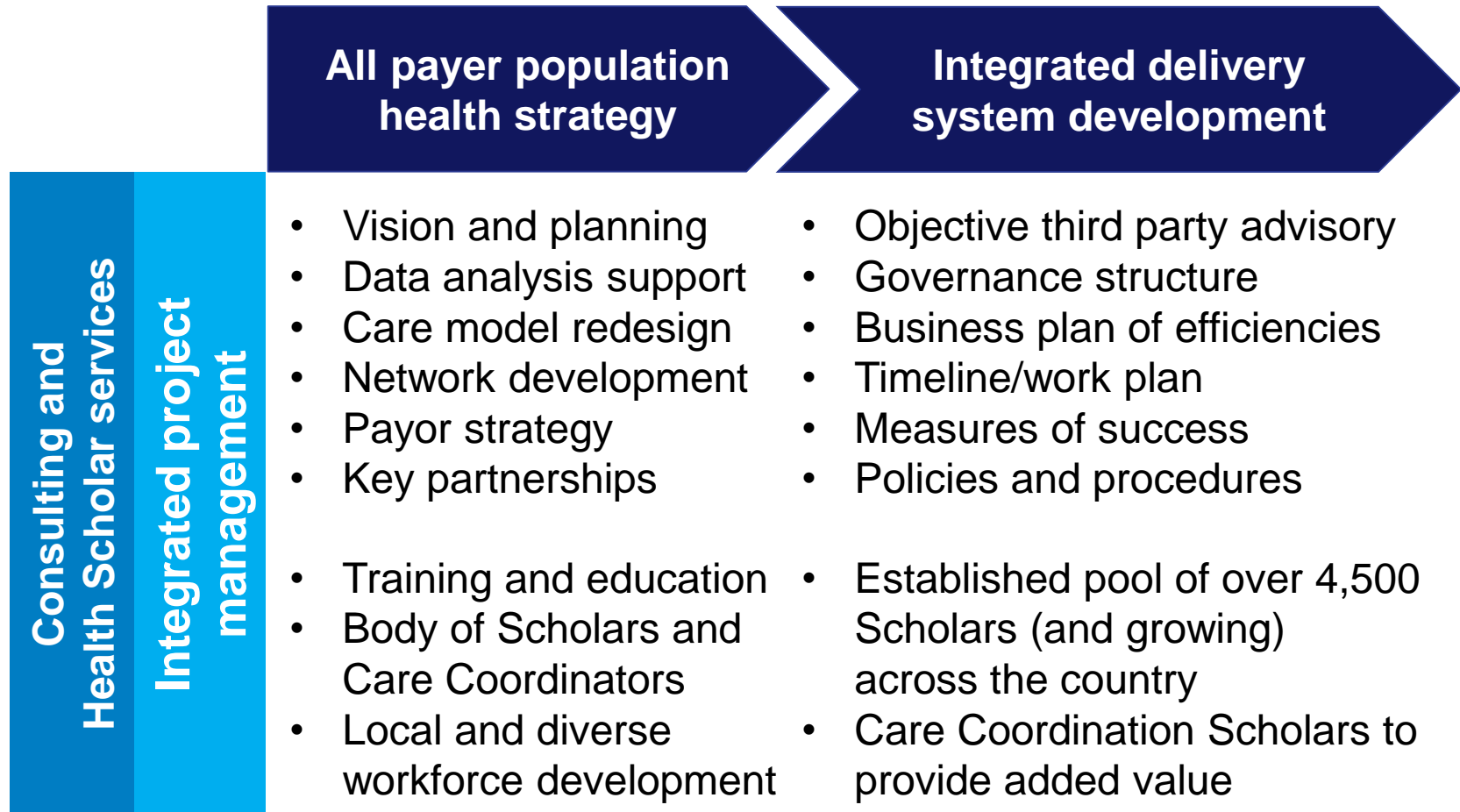
Workforce Shifts

- Aging health care providers, staff and leaders leaving the industry and creating a need/opportunity for new generation of leaders, providers and staff
- New competencies and staffing required and new job roles developed as care processes and locations change
- Ever-increasing gap in skills – need for more non-traditional certificate training programs to supplement traditional degree and licensure pathways

Our Approach

Developing Integrated Solutions

Our multidisciplinary team of experts provides clients with the tools, services and advice they need to operate in a challenging and evolving environment



Service Line Offerings

Service Line	Areas of Expertise	
Care Coordination	<ul style="list-style-type: none"> • Care Guidance Model™ (Partnership with Montefiore's CMO) • Organizational and environmental assessment • Design and deploy key metrics 	<ul style="list-style-type: none"> • ED triage, care transitions and intensive care management workflows • Care coordinator training
Clinical Integration	<ul style="list-style-type: none"> • Roadmap to future state network vision • Federally-qualified health centers 	<ul style="list-style-type: none"> • Ambulatory network development • Physician and SNF alignment
Financial Modeling and Analytics	<ul style="list-style-type: none"> • Financial pro forma • Risk-based contract modeling 	<ul style="list-style-type: none"> • Population health analytics • Databases and dashboards
Global Health Experiences, Intensives	<ul style="list-style-type: none"> • Structured curriculums • Licensed professionals and students 	<ul style="list-style-type: none"> • Program customization • UCLA SPH partnership
Health Care Talent Development	<ul style="list-style-type: none"> • Workforce pipelines 	<ul style="list-style-type: none"> • Experiential education
Managed Care Systems Design	<ul style="list-style-type: none"> • MCO and provider contracting • MSO build, buy and scale 	<ul style="list-style-type: none"> • IPA development • Business planning and implementation
Project Management Office	<ul style="list-style-type: none"> • Comprehensive PMO planning and implementation 	<ul style="list-style-type: none"> • Resource management • Education and training
State Waivers and CMS Demonstrations	<ul style="list-style-type: none"> • Medicaid redesign, waivers and DSRIP • Medicare demonstrations and MACRA 	<ul style="list-style-type: none"> • Medicare and Medicaid ACO design and implementation
Strategic Planning	<ul style="list-style-type: none"> • Strategic management • Advanced performance, process improvement and quality 	<ul style="list-style-type: none"> • Executive coaching and board governance • Balanced scorecard

Select Experiences and Successes

Select Experience and Successes

“We needed help in developing our health care reform and market response strategies. COPE Health Solutions helped us create our long-term strategic initiatives.”

– Roland Fargo

President, Medical Networks, Adventist Health

Planning and launching a new IPA in Southern California

- Partnered with a three hospital system in Southern California to develop a strategy focused on building risk business and transitioning into a new care management model
- Developed and launched a new IPA and supported extensive growth of ambulatory network, including employed and independently contracted physicians, SNF network and integration of ambulatory, education and navigation services with YMCA facilities
- Services Included: PMO, Strategy, Managed Care Contracting, Financial Pro Forma, Care Management Program Design and Training

Development of a population health management strategy for all lines of business in New York, NY

- Large multi-hospital health system in New York City with over 900,000 members in capitated or other risk contracts and contracting with over 600 new providers and support organizations representing thousands of physicians and other providers
- Development of new MSO infrastructure and performance based contracting infrastructure, including launch of new PMO with PI capabilities and health plan restructuring
- Services Included: Strategy, Financial Pro Forma, Population Health Analytics Managed Care, Performance Based Contracting, PMO and Network Development consulting

Development of an integrated delivery system via a new joint venture corporation in Austin, TX

- Owned by Seton Healthcare Family and Travis County Health District in Austin, Texas
- Client-integrated successful launch and implementation of new business, drawdown of dollars for new medical school and AMC
- Provided significant actuarial and managed care strategy support for IPA-like business model providing coverage to 55,000 members
- Services Included: PMO support, strategic planning, HIT and clinical redesign

Select Experience and Successes

“COPE Health Solutions helped push our continuous quality improvement efforts and strategic execution to the next level.”

– Aubrie Augustus, RN, BSN, MHA

Senior Vice President, Quality, Tarrant County Hospital District

Pacific Northwest health care talent development

- Trained Health Scholars to provide 20+ FTE of patient care and administrative support within one year of implementation, growing to 80 FTE within two years across five hospitals
- Developed and implemented a care navigator training program that provided care management department with its team of navigators
- Implemented an educational program for high-school students that connects the hospitals with their community and supports the patient experience
- Provided approximately three FTE of wayfinding and patient and visitor engagement in the hospital lobbies

Los Angeles region health care talent development

- Provide an average 45 FTE of Health Scholar support monthly for the past 12 years
- During the nursing shortage created a cohort nursing program that trained 24 Health Scholars annually as registered nurses through a partnership with local college – higher grades and graduation rate than comparison nursing students
- Collaborated with the health system to develop a nationally recognized nurse residency program called Mentoring and Professional Development (MAP) that led to improved nursing satisfaction and retention

Southern California health care talent development

- Contracted with three of four hospitals in the Southern California network of a hospital system stretching across the US
- Implemented a patient portal solution that resulted in over 10% patient engagement of the 5% required to attest Meaningful Use Stage 2, Phase 2
- Implemented a workforce development pipeline that has generated 37 hires for one hospital over three years, saving an estimated \$370,000 in recruitment costs
- Currently providing approximately 40 FTE and building to 80 FTE of patient care and administrative support across three hospitals

Select Experience and Successes

“Health care was designed for COPE Health Solutions...”

– Pete Delgado, CEO

Salinas Valley Memorial Healthcare System

Development of managed care and population health management strategy

- A three hospital system in Los Angeles
- Impacted strategy for larger parent health system
- Transformed financial alignment and incentives from primarily fee for service to profitable dual institutional and professional risk contracts supported by physician alignment
- Developed and implemented an ambulatory strategy that includes numerous physician alignment vehicles, a new FQHC and various joint ventures

Deployment of an IPA development strategy

- Developed IPA three/five-year financial pro-forma, cash flow and P and L statements
- Implemented all governing bodies, physician contracting and network development, patient outreach and enrollment
- Executed marketing and communication strategy
- Partnered with community organizations for targeted Exchange, Medicare and Medicaid enrollment

Numerous other engagements

- Population health, utilization management and performance-based analytics for health plans, IPAs, medical groups and community clinics
- Clinical workflow and care delivery redesign for Medicaid/Medicare practices, community clinics and hospitals to optimize available resources, minimize avoidable referrals/ED utilization and improve physician satisfaction and patient experience/access

Executive Team

Allen Miller

Chief Executive Officer



Allen Miller is the CEO of COPE Health Solutions. He has over 20 years of experience providing strategic planning, business development, operations analysis/improvement consulting services and leading assessments, planning, development and implementation of integrated delivery networks throughout the United States. Under Allen's leadership, COPE Health Solutions has become the pre-eminent go-to solutions company for health systems and health plans looking to take on a leadership role in population health for Medicaid and the Exchange.

COPE Health Solutions complements its consulting services with the largest health care talent pipeline in the country, known as Health Scholars, providing a unique health care training experience certified by UCLA Fielding School of Public Health to over 4,500 students annually in over 20 hospital and ambulatory sites throughout California and Washington State. Recently, a care navigator, health coach and complex care management training program was developed to train graduates of the program for some of the new roles being created as health system clients develop population health management capabilities and capacity.

A hallmark of COPE Health Solutions' consulting services is engagement in transformative strategic planning, design and implementation work with large health systems, health plans and others to develop clinically integrated delivery networks, re-design financial incentives and to learn to leverage financial risk to improve quality and reduce costs. Allen and his team are consistently on the cutting edge of work to implement new health care policy, including federal demonstrations and state waivers across the country, by partnering with providers and payers to transform fragmented, acute care "un-systems" of delivery into coordinated systems of care focused on improving the health of populations, while enhancing efficiency and aligning financial incentives.

A graduate of UCLA, both for his Bachelors of Science and his Masters of Public Health in Health Services, Mr. Miller also completed an intensive on International Business at Oxford University in England. Mr. Miller also has extensive teaching and lecturing experience, most notably as a former faculty member teaching orthopedics for the American Academy of Family Physicians and the California Academy of Family Physicians.

Evan King, MPH, MA

Executive Vice President



Mr. King has led numerous complex assessment, strategic planning and transformative implementation engagements throughout California, Texas, Washington, New York and in other parts of the country. Mr. King has guided the development of key services to assist our clients and partners in preparing for local, state and federal reform, with a particular focus on clinical integration and alignment of business models between large health systems, hospitals, physicians, community health centers, long term care providers and payors.

Mr. King is one of a handful of people, mostly within COPE Health Solutions, who has led the planning and implementation of numerous a large-scale Medicaid 1115 Waiver Demonstration Projects in California, Texas and New York, successfully establishing new integrated delivery models across the care continuum. Results of projects led by Mr. King have been recognized and won state and national acclaim for their impact and success in improving efficiency and coordination of care. Within these large-scale projects, in addition to overall planning, design and implementation, Mr. King's areas of deep expertise include managed care/contracting, health information technology and ambulatory network development.

Currently, Mr. King is leading the health information technology planning and execution for three large Performing Provider Systems in New York City and the greater Rochester Region, while also supporting large joint venture integrated delivery system development projects in Southern and Northern California and Medicaid managed care strategy design in the Pacific Northwest.

Prior to his tenure with COPE Health Solutions, Mr. King consulted for PwC in the Health Advisory practice Western region in the areas of revenue cycle, emergency preparedness planning and mergers and acquisitions. Mr. King is a graduate of the University of California, Los Angeles, where he received Master's degrees in Latin American Studies and Public Health, Health Services.

Dawn Johnson

Executive Vice President



Dawn Johnson is a masters-prepared registered nurse with a diverse background in clinical care, health policy and consulting. With more than 20 years of professional health care industry experience spanning both the public and private sectors, Ms. Johnson has worked with multiple federal agencies, state governments, private organizations and vendors. Dawn comes to COPE Health Solutions with a background in care management, care coordination, government relations, health policy and business development. Her focus is on health care system transformation that improves the care delivery system for vulnerable populations, improves clinical outcomes and empowers consumers to become more accountable for their healthcare.

Prior to joining COPE Health Solutions, Dawn's private sector leadership roles allowed her to use a clinician's approach to develop strategies, mitigate risk and collaborate on solutions for payors, providers, vendors and consumers. During her federal tenure she served as a nurse case manager for the Department of Veterans Affairs and successfully reduced recidivism in her chronically ill populations. At the Centers for Medicare and Medicaid Services (CMS), Dawn served in both the region and central offices, across both Medicaid and Medicare. At the end of her tenure she was responsible for managing the largest pilot program for Medicare fee-for-service beneficiaries that tested disease management strategies, which included multiple public-private cooperative agreements and partnerships, \$350 million in program fees and more than \$10 million in support contracts.

Dawn earned her BSN and MSN from the University of Maryland at Baltimore, School of Nursing.

Michael Hunter, MS

Executive Vice President



Mr. Hunter leads COPE Health Solutions' PMO Service Line. He is currently engaged at Montefiore, leading the planning, design, and implementation of the internal PMOs at the Montefiore Hudson Valley Collaborative (MHVC) PPS and Montefiore's Care Management Organization (CMO) to enhance coordination across MHVC, CMO, hospitals, medical group and contracted providers as they transform their care processes away from fee for service to managed care value based contracting.

Prior to engaging at Montefiore, Mr. Hunter led the team supporting the Community Care Collaborative in Texas, a joint venture between Ascension's largest subsidiary health system Seton Family and the county's public health district. Under his leadership, the team led multiple project teams comprised of providers, clinic executives, operational leadership and frontline clinic staff to meet all federal waiver deadlines and achieve at least 95% of DSRIP drawdown dollars over the course of three years. During his tenure, Mr. Hunter personally oversaw the development of a centralized PMO to operationalize standard project management processes and tools, enabling PMO staff to maintain a consistent approach to project management, complete projects successfully, and foster a culture of transparency and collaboration.

Before joining COPE Health Solutions, Mr. Hunter led teams developing, integrating, and maintaining solutions for public and private customers including the National Cancer Institute, the Office of the National Coordinator for Health Information Technology, the Department of Veterans Affairs, the Military Health System, Massachusetts General Hospital, and Children's Hospital of Boston. In these engagements, he led teams testing applications to improve patient safety, enable electronic claims payment, and facilitate enterprise-wide referrals and authorizations.

In addition to his consulting work, Mr. Hunter also serves as COPE Health Solutions' CIO, leveraging his years of experience in information technology to enable COPE Health Solutions' continued growth through solutions that enable our consulting teams to access the tools, information, and data they need to help our clients succeed.

Cindy Ehnes, Esq.

Executive Vice President



Cindy Ehnes, Executive Vice President, is an attorney licensed in California and Colorado who served as Gov. Schwarzenegger's Director of the CA Department of Managed Health Care for seven years.

As Director, overseeing health insurance services for 21 million Californians, Ms. Ehnes regulated the operations, clinical and financial performance for 105 health plans and 220 delegated medical groups. She launched the quality improvement program, the Right Care Initiative, involving 10 health plans and

more than 50 delegated medical groups and IPAs, a ten-year program focused on improving HEDIS scores for several million HMO enrollees.

She also provided leadership to the California Quality Care Collaborative, leading initiatives to improve standards of care and EMR adoption for medical groups in the Inland Empire. As a 12-year board member of the Integrated Healthcare Association, Ms. Ehnes has assisted in developing pay-for-performance programs and total cost of care measurement for California Medicaid managed care organizations.

In her role, Ms. Ehnes brings her deep expertise in “what works and what doesn't work” in regulatory, financial, risk contracting and operational mechanics to health plans and delegated providers. Cindy also provides interim health plan CEO capabilities, executive coaching, compliance reviews, as well as strategic consulting for health plans and medical groups.

Cindy is the author of The Prentice Hall ADA Compliance Advisor and was a world class ski racer (still avid and fast!).

Dave Salsberry

Executive Vice President



David C. Salsberry, Executive Vice President, Consulting, is a subject matter expert in 1115 Waivers, DSRIP, health care finance and leadership development. He has over 25 years of experience as a health care leader and Executive Vice President/CFO with significant experience in population health financial strategy, 1115 Waiver DSRIP transformation and business process and system optimization.

His experience includes stints as CFO for John Peter Smith Health Network, Baylor College of Medicine, He was the lead executive for the planning and implementation of the third largest regional health plan in the state of Texas, Region 10, which has been held up consistently as a model for the state.

Mr. Salsberry has advised several leading media organizations as a health care subject matter expert including the Wall Street Journal, New York Times, Washington Post, Health Leaders Media, Modern Healthcare, Dallas Morning News and Hospitals and Health Networks. In 2012, he was recognized as the Healthcare CFO of the Year by the Fort Worth Business Press.

Wren Keber, MBA

Vice President



Wren Keber is a Vice President at COPE Health Solutions, who specializes in the development, implementation and operations of clinically integrated networks (“CINs”) and accountable care organizations. He has assisted hospitals and physician organizations nationwide in achieving clinical integration and success in value-based programs. He has particular expertise in the Medicare Shared Savings Program and the Next Generation ACO offered by the Centers for Medicare and Medicaid Services and has advised CINs in their preparation for and participation in the program.

Mr. Keber also has experience in healthcare information technology (“HIT”) strategy and implementation of HIT solutions. He has expertise in several principal areas of HIT, including health information exchanges and electronic medical records and patient engagement technology such as personal health records and patient portals.

Before joining COPE Health Solutions, Mr. Keber served as manager for clinical integration and accountable care for The Camden Group, a nationally recognized health care management consulting firm. He led strategic planning and development efforts for health systems building clinically integrated networks and partnering with payers for outcomes-based programs.

Prior to The Camden Group, Mr. Keber served as director for health care information technology at Fusion Productions in Webster, New York, where he oversaw the HIT division, including project management, sales/marketing, product development, professional affiliations and partnerships and strategic consulting services. His past clients include Excellus BlueCross BlueShield in Rochester, New York and two major regional health information organizations in New York. He had also previously served as project manager for online and interactive programs at Fusion.

Mr. Keber earned his bachelor’s degree in technology from SUNY College of Technology at Alfred in Alfred, New York and his master’s degree in business administration from St. Bonaventure University in Olean, New York.

Yomi Ajao

Vice President



Yomi Ajao, Vice President, is a Lean Master and a Master Black Belt with over 15 years of experience in leading health care delivery transformation. He has significant experience in the deployment of Performance Improvement frameworks and the formation of Provider Sponsored Health Plans, Clinically Integrated Networks and Pharmacy Benefit Management (PBM) for Medicare Advantage, Self-Insured and Commercial populations.

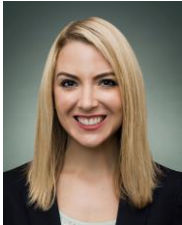
Prior to joining COPE Health Solutions, Yomi was a partner with Africa Performance Improvement Institute (APII) where he led the deployment of a pioneering Pharmacy Benefit Management platform in West Africa. Before APII, he was the Senior Director of Evolent Health where he successfully led the implementation of Provider Sponsored Health Plans, Clinically Integrated Networks and Population Health platforms.

Yomi has also held multiple leadership roles with Hospital Corporation of America and Deloitte consulting where he led the transformation of application delivery and support systems implementation and management, all with an agile deployment approach. This included the deployment of multiple EMR systems and process reengineering of many clinical operations across multiple care settings, including Emergency Departments, inpatient areas and outpatient centers.

Yomi earned his bachelor's degree in Chemical Engineering from New Jersey Institute of Technology, his master's degree in Computer Information System from Boston University and an Executive Certificate in Strategy and Product Innovation from MIT Sloan School of Management.

Carla D'Angelo, MPH

Vice President



Carla D'Angelo joined COPE Health Solutions as a vice president in 2016. She has more than 10 years of leadership experience in the health care industry with a primary focus on health plan and provider collaboration. Prior to joining COPE Health Solutions, Carla served as the senior vice president at YourCare Health Plan, a low-income health insurer in Western New York. In this role, Carla led the New York State Medicaid Delivery System Reform Incentive Payment (DSRIP), value-based contracting, marketing and quality efforts. Carla also served as the senior vice president of administration at Trillium Health, a Federally Qualified Health Center (FQHC) Look-a-Like in Rochester, NY where she led the health center through their FQHC application process.

Additionally, Ms. D'Angelo ran the 340B pharmacy, marketing and organizational advancement departments, human resources and organizational strategy and board relations. Carla also served as the interim CEO for the organization. Carla spent seven years at Excellus BlueCross BlueShield, most recently as the Director of Financial Services Consulting.

Carla's expertise is in value-based contracting, accountable care organization development, provider contracting and health care reimbursement. In her senior leadership roles, Carla has gained expertise in board relations, strategic planning, executive coaching and leadership development. Her passion is around eliminating health disparities for low income and vulnerable populations.

Carla received her Master's in Public Health from SUNY Albany. She has served on numerous local non-profit boards and currently serves as the president of the Healthcare Financial Management Association (HFMA) in her local chapter. Carla is a 40 under 40 awardee and has won numerous awards for her volunteerism. Carla enjoys scuba diving, traveling the globe, yoga and golfing.

Howard Springer, MSW, MBA

Vice President



Mr. Springer brings in-depth understanding of the health care industry with particular expertise in health care reform, Medicaid and Medicare Advantage programs, joint ventures and developing non-profit enterprises. He enjoys making a difference by problem-solving to accelerate transformation to value based care delivery and to improve access to care. Mr. Springer brings senior-level experience in health plan products, hospital-owned delivery systems and physician owned/operated delivery systems. He implemented risk bearing entities and a foundation with hospitals (Highline Medical Center, Swedish Health Services), provider owned clinics (Polyclinic, Seattle Primary Care) and a health plan (Community Health Plan). He implemented three risk bearing entities and a foundation with hospital-owned delivery system (Highline Medical Center, Swedish Health Services/Providence Health) provider owned clinics (Polyclinic, Seattle Primary Care) and a health plan (Community Health Plan). He also brings leadership experience for transitioning delivery systems to accountable care, aligning governance, culture and clinical operations with new reimbursement methodologies and financial risk contracts. Mr. Springer successfully implemented behavioral health services and programs for poly-chronic and 'rising risk' enrollees in primary care settings.

Mr. Springer directed strategic initiatives that implement 'Quadruple Aim' (improved access, outcomes, reduced cost of care and improved satisfaction). Recent projects include improving Medicare Advantage HCC coding and HEDIS scores for large delivery systems, integrating behavioral health with primary care to address psycho-social economic risk factors, and developing a joint venture urgent care clinic run by Federally Qualified Health Centers (FQHC) adjacent to ED's in a large urban setting. With COPE Health Solutions, Howard drafted DSRIP project proposals for Washington State 1115 Waiver application. Howard helped develop a business plan for a joint venture between a Family Medicine Residency program and a local FQHC to build a healthy community clinic (medical, dental, WIC, housing) and formed an oversight committee (Building Healthier Communities-Together) which linked a quaternary health delivery system to community based providers which increased access to dental care for adults and navigator services to underserved populations in the community.

Contact Us

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