

Ryan Keeling
Financial Regulation Section
Oregon Insurance Division
Salem, OR

June 12, 2015

Dear Mr. Keeling:

I am writing to support the merger and acquisition of Trillium Community Health Plan by Centene, Corp.

In reviewing the publicly disclosed documents that were requested by the Oregonian and the Register Guard, I was heartened to see that Centene's Mission, Pillars, & Beliefs are consistent with Oregon's Triple Aim and of course those of Trillium, chp. Beliefs listed on page 390 of the Centene document should answer some local community concerns. Actions in support of those beliefs are found at the Centene web-site but also in other web searches, including financial sites.

Centene's Local Approach Alignment is carefully laid out on page 392 and other pages. Even if Centene did not so carefully state their approach to local management, care delivery by and management of Trillium is explicitly prescribed in statute, regulation, and contract with the State. Trillium's Board of Directors is and will be local; that is directed by statute, regulation, and contract.

Benefits of merger mentioned on page 392 include leveraging existing Centene Resources and future investments.

I look forward to many of these and especially the Specialty Health Solutions listed on page 394.

I have served on the LIPA and then Trillium Pharmacy & Therapeutics and LIPA/Trillium Compliance Committees for several years.

Trillium has interacted with a few pharmacy benefit management companies through the years. Trillium is a small sized player in the national market with little leverage with the PBM companies. That company might be the sole source of an error of commission or omission; it is Trillium that receives the sanction/demerit from Centers for Medicare/Medicaid or the state. We feel this will change.

Centene Pharmacy section will likely have more leverage in the national marketplace in purchasing.

The Specialty Pharmacy section looks very promising. The cost of Hepatitis C drugs and other emerging pharmaceuticals could be devastating to a plan and the ability to serve all members.

Centene lists both the belief in treating the whole person but also lists behavioral health as a specialty health solution section. Trillium has been very supportive in giving grants and other resources to pilot projects in behavioral health integration into Patient Centered Medical Homes and also reverse integration of physical health providers into behavioral health clinics. "Warm hand-offs" are the goal (care where you need it & when you need it). 16 CCOs share their experiences but an even broader scope of information and experience would be great.

As stated, I am also on Trillium's Compliance Committee. I look with yearning at the Proprietary Enterprise Data Warehouse page 395. Of special interest is the "Centeelligence" business analytics section. Trillium's IT section has grown with the company. Requirements from federal and state regulators have increased exponentially and often. Privacy and security needs are a constant pressure. It would be welcome to interact

with a larger entity for many IT resources. Some IT enhancement projects would be implemented more rapidly.

Some local resources could then be reallocated to improving access including an urgently needed medical workforce and practice transformation with emphasis on patient-centered care and continued “silo” integration (physical, mental, public, dental).

Data would be used even more effectively in moving on with the Triple Aim. Sometimes it is difficult to remember that data is not just generated for the regulators.

It would be super if Centene could help to re-ignite and support a local health information exchange.

I sit on the local Lane County Public Health Advisory Committee and Community Health Committee of the Oregon Medical Association. I attend the Oregon Public Health Association meeting each fall. The support of Lane County Public Health by Trillium and the close interaction between Trillium and Lane County Public Health is acknowledged by many local public health folks throughout the state. Public Health sits on Trillium’s Board of Directors. LCPH & LC Mental Health individuals serve on many Trillium committees and work with and in Trillium on several projects.

One of Trillium’s first grants was Tobacco Cessation (\$1.4 million) to Lane Co Public Health.

This is the kind of work that we look forward to continuing after the merger.

I do not feel that the “for profit” vs “not for profit” status of an entity should be a substantial decision point in the merger discussion. Being able to “stay in the black” is often viewed as beneficial. “Not for profit” concerns can have significant administrative overheads. There was a humorous outcome from the OHP implementation in the 1990’s. Many hospitals were at risk of losing their not for profit status (property tax exemption) with the sharp decline in uncompensated and charity care.

I was privileged to practice full scope family medicine in Springfield, OR for 34 years and retired from private practice Sept, 2011. Instead of taking our OHP earnings home in 1996, we invested in a start-up fledgling company (LIPA). It was a risk and we took it. I still hold the A & B shares. We have not had dividends in years; much of the “profit” money has gone into required reserves. The concern that physicians will get a windfall from the merger and quit practice is incorrect. It shows a lack of knowledge of medical workforce issues.

Trillium views the Lane County medical workforce issue as urgent/critical. It has supported and funded many initiatives in access. These have included specific grants for new community health centers and bonuses and grants for other clinics that agreed to take on more OHP members when most clinics felt they were “maxed”. Trillium has brought in national experts to help with education and support in practice transformation (which includes the transition from fee for service medicine, reliance on the “Team” in delivering care, and population care management.)

These efforts will continue. Access to effective, respectful, and efficient primary care (including behavioral health) is a national issue.

Thank you for your attention,

Patricia P Ahlen, MD