



AllCare CCO Community Advisory Council Handbook

January 2022



Community Advisory Council Handbook

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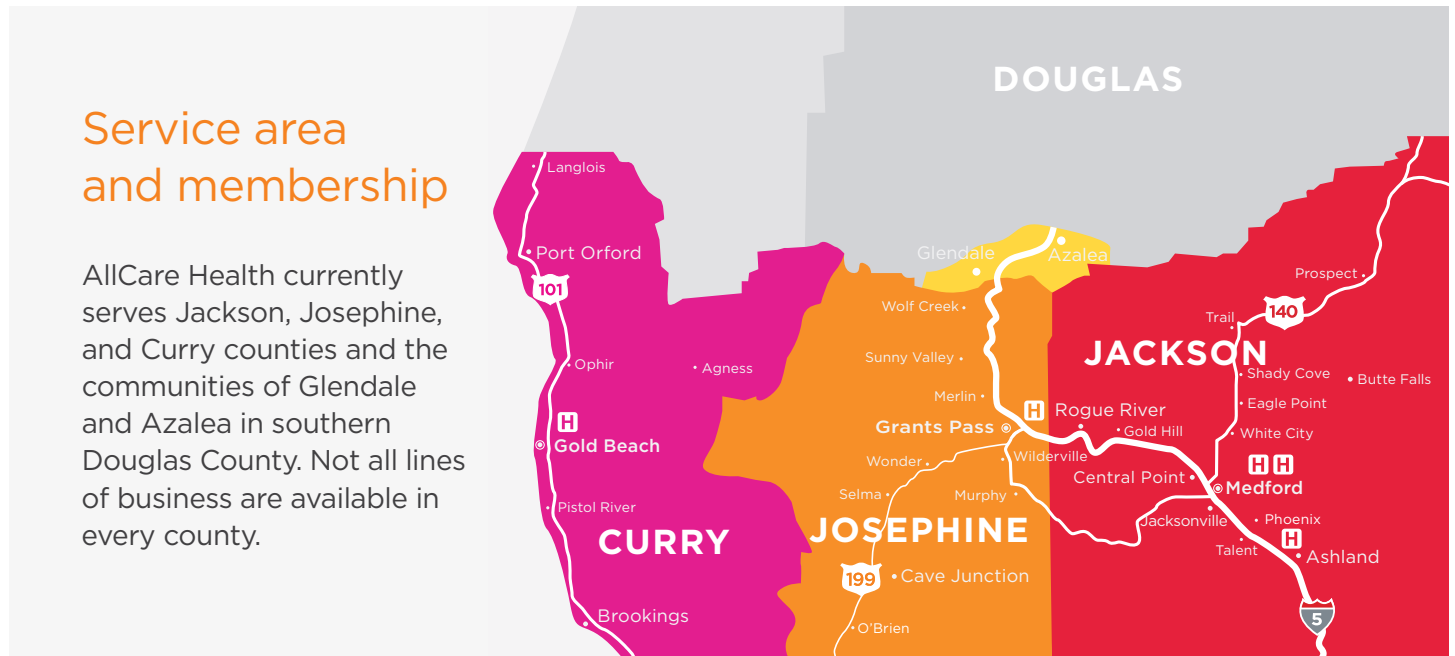
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Working together to provide
quality, cost-effective
healthcare for
our communities.

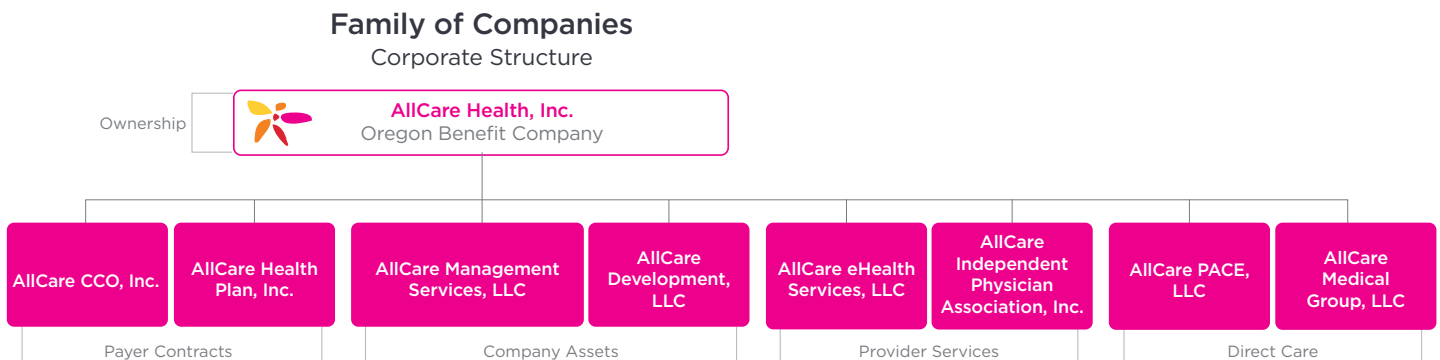


Service Area

AllCare CCO sponsors a Community Advisory Council for each county we serve to ensure that the healthcare needs of consumers and their communities are met.



Family of Companies



Membership

AllCare CCO Council Responsibilities

- Find ways to avoid health problems.
- Promote the use of wellness plans.
- Take part in the state SHARE Initiative.
- Take part in AllCare Health's Community Benefit Initiatives.
- Share your ideas on the Community Health Assessment.
- Approve the Community Health Improvement Plan.
- Review and approve an AllCare Health report each year on the progress of community health plans.

Community Advisory Council Member Behavior Agreement

As a Community Partner representative and/or an individual, I will employ Community Advisory Council values, language, and demeanor (listed below as Community Engagement Principles) within and outside of council meetings, as well as within their organization if applicable.

Community Engagement Principles

Council Members and AllCare CCO staff will utilize the following principles when engaging the community and non-CAC members to give voice to their concerns and issues:

- Engagement is genuine;
- Engagement is inclusive and respectful;
- Engagement is fit for purpose;
- Engagement is informed and transparent; and
- Engagement processes are reviewed and improved in order to achieve the desired outcomes.

Council Liaisons to the Board

AllCare CCO Community Advisory Council Chairs serve as the liaison between the Council and the Board of Governors, in addition to the standard Board of Governor responsibilities.

These tasks include:

- Presenting a bimonthly dashboard report to the Council.
- Presenting a Council report to the Board of Governors.
- Bringing consumer and community feedback or questions to the Board of Governors.
- Taking feedback from the Board to the consumers and community.

Support available for Council Liaisons:

- Meet & Greet with AllCare and OHA staff.
- Council Orientation Presentation & Discussion.
- Council Policies/Handbook.
- Compliance & Ethics Orientation with Cynthia Ackerman, RN, CHC.
- Assignment of an AllCare CCO Council Mentor.

Meetings

Effective zoom meeting guidelines: identify yourself each time you speak. Use the chat box to share thoughts. Stay on agenda. Mute phone unless speaking. You can “virtually” raise your hand by going to the reactions section at the bottom of the screen. The options will appear when you hover with your mouse.

What to expect prior to an AllCare Council Meeting

- Agenda (one week prior).
- Community Benefit Initiative grant proposals for review in advance of meeting, (one week prior).
- Previous meeting’s minutes for review in advance of meeting (one week prior).

What to expect at an AllCare Council Meeting:

We use a version of Roberts Rules of Order for voting. Here is a link for reference:

https://assembly.cornell.edu/sites/default/files/roberts_rules_simplified.pdf

- Roll call of Council members and staff.
- Introduction of guests.
- Approval of minutes – Chair will ask for corrections to the minutes as distributed.

- Public comment.
- COVID-19 update.
- Oregon Health Authority update.
- Topic presentations.
- Subject Matter Expert input on grants.
- Budget update.
- Breakout Sessions:
 - o Grants – Discussion on grants under review will happen until a motion and second are made. Further discussion will happen until Chair calls for a silent vote. In person, votes will be collected by paper ballot. For virtual meetings, votes will be collected via private chat.
 - o Word on the Street: Share to your level of comfort. Stay within your allotted time. Reach out after if you need more support.

Funding Process

AllCare Health proudly works to support innovative, community-based projects that seek to improve the health of our community. If a project aligns with one of the Community Health Improvement Plan (CHP) priorities, agencies are invited to submit an application. <https://app.smartsheet.com/b/form/fc3da7fbd8724920b958f0d2d2dbaf2d>

Strategies for the CHPs are listed in the application. To read the full CHPs, please click here:

- Curry CHP: <https://www.currycountychip.org/chip-and-cha>
- Jackson/Josephine/So. Douglas CHP: <https://jeffersonregionalhealthalliance.org/wp-content/uploads/2019/07/Full-CHIP-FINAL.pdf>
- Addendum to Jackson/Josephine/So. Douglas CHP: <https://www.allcarehealth.com/media/3770/accco-jackson-josephine-douglas-2019-chip-addendum-pq.pdf>
- If awarded, agencies are asked for a Progress and Year in Review Report: <https://app.smartsheet.com/b/form/702964464683482986d067ce05df325e>
- When an application is submitted, it is screened for completeness and alignment with community needs (CHPs) before applications and budgets are sent to Councils for review. Councils can make a motion to fund, ask for more clarification, or deny an application. The grant cycle is open all year and the Councils have an annual budget to award to projects.

Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistributing of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Policies

The following are high-level summaries of Community Advisory Council Policies. For full policies, please contact the CAC Coordinator.

Membership

The Councils will advise AllCare CCO on the health care needs of all members of the community.

1. Each Council will have voting members who represent consumers, the community, tribal representatives, and county government. Consumer representation must be a majority of the Council.
2. “Consumer” is defined as a person serving on a council who is a current AllCare or OHP member or a parent/guardian/primary caregiver of a current AllCare or OHP member. Consumer representatives can be age 16 or older.
3. Each county that AllCare serves will have a Community Advisory Council made up of county residents: Curry, Jackson, and Josephine/Southern Douglas. There will be a minimum of 7 members serving on the council. There is no maximum as long as the 51% or higher majority of consumer members is maintained.
4. Council members may serve up to two consecutive three-year terms. Council members may reapply to the council after one year’s absence.
5. AllCare CCO Council members are required to sign an annual Conflict of Interest agreement, disclose any possible conflicts of interest during funding discussions, and not vote on funding decisions that have a real or perceived conflict of interest. Conflict of Interest training is provided annually to all new and existing Council members.
6. Council membership will represent diverse populations within AllCare’s service area, with a specific emphasis on those who experience health disparities.

7. Community demographics for AllCare CCO's service area will be compiled at least annually.
8. Combined REAL-D information from all three Councils will be provided to OHA as part of the annual CAC Demographics Report to protect the individual information of Council Members.

Council Selection Committee

1. AllCare shall convene a Council Selection Committee that will be responsible for selecting the members of the Council. This committee is made up of the Chair and the County Representative of each Council.

Council Member Vacancies

1. In the event a Council member resigns, is asked to resign, or is otherwise unable to serve on the Council, AllCare shall promptly replace the empty seat within one hundred-twenty (120) days of the Council seat becoming open.
2. In the event a Member who serves on AllCare's Council as a Consumer representative ceases to be a Member (or the person for whom the parent, guardian, or primary caregiver serves as a proxy, ceases to be a Member), they may continue to serve in the capacity of a Consumer Representative for a period of six months. After that, they may sit on the Community Advisory Council but not in the capacity of a Consumer.

Council Chair and Vice Chair Elections

1. The Chair and Vice Chair of the Community Advisory Council will be elected annually at the June Council meeting and their one year term of service will begin in July. The Chair and Vice Chair may serve up to three consecutive one-year terms, as long as each one-year term is within their three-year term as a Council member;
2. Nominations for Chair and Vice Chair may be submitted to the CEM from May 1 until the day before the election. Council members must serve a minimum of one year as a Council member before being nominated to serve as Chair or Vice Chair. Exceptions can be made when there are no members meeting this requirement willing to serve in that position. Council members may nominate other Council members, and self-nominations are acceptable;
3. In the event the Chair is unable to fulfill their one-year term, the Vice-Chair will serve as Interim Chair until a Special Election is held. The term for the Special Election will be through the end of the current term plus one year; and
4. During the Council meeting in which elections are held, each nominee will provide a brief explanation of why they would like to participate in this role and the

CEM will organize and facilitate the elections. Nominees for each position will be announced and Council members will vote by ballot.

Board of Governors Representation

1. Chairs, elected by the Council, become the voting members of the AllCare BOG. At least one of these three Council Chair/CCO Board members will be an AllCare OHP consumer or consumer's representative. In the case where none of the Councils elect a Chair who is also a consumer member of AllCare, the Councils shall appoint a consumer member to sit on the BOG in place of a Council chair;
2. The consumer Council representatives on the BOG must not have any current or former relationship with the CCO, financial or otherwise, except for the relationship of membership in the CCO as an OHP client; and
3. Council Members who are on the CCO Board of Governors will be provided orientation and assigned a mentorship from a standing Board member. Orientation materials are provided at an appropriate reading level, with each Council Board representative given face to face time to review materials and ask questions.

Council Member Onboarding

1. Orientation and on-going support for Council members will include training, Council Handbook, mentoring, and multiple methods of feedback, both direct and anonymous;
2. The Council will annually review the Group Rules to ensure member participation is respectful and inclusive;
3. Annually or as needed, the Chief Compliance Officer will provide training on the guiding principles to community engagement;
4. AllCare will strive to ensure documents are accessible for the audience. Meeting materials will be professionally translated, if needed;
5. Council Members will be offered training in Adverse Childhood Experiences (ACEs);
6. Council Members will be asked to complete a "Council Feedback Survey" to assess Council members' experience in having a voice with the CCO and assure processes are trauma-informed;
7. The Annual Retreat of AllCare CCO Councils will provide an opportunity for discussions of policy and process, training, and input into AllCare CCO strategies;
8. Regional Council Gatherings will include partner CCO Councils to discuss best practices, CHIP planning and workgroups, and community engagement efforts; and

9. A Council Member Handbook will be provided to all new Council members during orientation. Contents may include but are not limited to the following: Staff Directory, BOG information, company organizational chart, Web-site navigation and wellness/preventive programs.

Contractor’s Annual CAC Demographic Report

AllCare will complete an Annual CAC Member Demographic Report. The Annual CAC Demographic Report shall include descriptions of all of the following:

1. The demographic composition of Council membership;
2. Whether and how AllCare’s total Council membership is in alignment with AllCare’s CHP priorities, the number of Consumer Representatives sitting on the Council comprise a majority of the Council’s total membership, what number of Consumer Representatives are OHP Members (as opposed to the parent, guardian, or caregiver of an OHP Member), and what percentage of the total Council membership are Consumer Representatives;
3. Efforts and strategies undertaken in Council membership recruitment to address the barriers and challenges to achieving alignment between Council membership with the demographics of the Communities within AllCare’s Service Area; and
4. AllCare’s organizational chart.

AllCare Community Advisory Council Demographic Report – 2021

<https://www.allcarehealth.com/media/4563/2021accco-rpt-cacdemorprt-final.pdf>

Meetings

1. AllCare Council meetings are scheduled monthly and are open to the public.
2. AllCare will ensure facilities, materials, and other components are accessible by Member and other attendees who have a disability, limited English language proficiency, and diverse cultural and ethnic backgrounds, to facilitate inclusion.
3. AllCare CCO and OHA staff are in attendance to observe and will offer technical assistance, mentoring, and guidance as needed. The Council Chair has the power to excuse non-Council members from executive session if deemed necessary.
4. Participation and leadership in the collaborative CHP or AllCare CCO CHP projects and community engagement activity is needed and encouraged.
5. Council members are required to attend a minimum of 75% of meetings. An unexcused absence from two consecutive Council meetings may result in the member forfeiting their seat on the Council. Three or more absences during the year may result in the member forfeiting their seat on the Council, pending the Council Selection Committee review of circumstances.

6. The Council Selection Committee will review attendance quarterly, and make recommendations to the AllCare CCO Board of Governors regarding dismissal of Council members. A review can be done at any time if an issue arises. A leave-of-absence may be an option for Council members needing to take an extended period of time away from Council participation.

Community Engagement Principles

1. CAC Members will be offered trainings to support readiness for respectful community engagement. These trainings may include unconscious bias, health equity, diversity and inclusion, etc.
2. Meeting facilitators, speakers, and participants will limit use of jargon and acronyms so all participants can understand content. An “Acronym Flagger” will be appointed for each meeting to eliminate any participant having to indicate lack of knowledge.

Collaboration and Coordination across Councils

1. AllCare CCO Councils will collaborate with other regional CCO Community Advisory Councils for best use of local capacity and resources. Advanced Health, Jackson Care Connect, Umpqua Health Alliance, and their Councils are partnering with AllCare and our Councils in addressing rural health concerns of OHP members and elevating member voice through collaborative Council engagement, identifying member needs through outreach, and identifying solutions to barriers to individual and community health.
2. AllCare staff work with other CCO staff on outreach to ensure engagement with underrepresented communities and provide training opportunities, both required and voluntary. Trainings may include Equity, Trauma Informed Care, and ACEs.
3. Council members who attend the Collaborative CCO meetings will be given a stipend for their time.

Community Advisory Council Meetings

1. Meetings shall be called by the Council Chair and/or the CAC Coordinator. Meetings will use Robert’s Rules of Order for voting and discussions. All meetings will be called with a minimum of 48 hours’ notice to all Council members via email.
2. The Council may hold meetings electronically via internet and/or phone lines to conduct business when necessary. For electronic meetings, members will be expected to utilize self-muting, but at all times open communication will be maintained. Meeting attendance stipends will be provided as usual. It is up to the Council member to indicate to the CAC Coordinator if a stipend is desired. Meeting call-in information for the public will be provided upon request of the

CAC Coordinator via the link on the website:

<https://www.allcarehealth.com/medicaid/resources/cco-community-advisory-council>

3. The public has an opportunity to provide written (read by the chair) or oral comments during the Council meetings no less than five minutes and as much as the agenda allows during the designated portion of the agenda prior to closing for executive session. The Council Chair can allocate the timing for open discussion. If time doesn't allow, comments can be put into the minutes;
4. Deliberation on funding decisions is held in executive session; the funding amount results of the Council executive sessions are made available in the meeting minutes posted on the AllCare CCO website, www.AllCareHealth.com.
5. Public notice of meetings will be made via the www.AllCareHealth.com website and media outlets.
6. Council members who attend the monthly Council meetings will be given a stipend for their time.

Study Sessions

1. Study Sessions are a chance for our Councils and partners to take a deeper dive into topics that need more time to learn and discuss fully. These will be recorded for future viewing and are optional.
2. Topics will be announced at least a week before the session, held on the fourth Thursday of the month at noon.
3. Council members who attend the Study Sessions will be given a stipend for their time.

Compensation

1. Council members may choose to receive stipends and/or per diem payments.
2. A meal will be provided to Council members at each in-person meeting that will include provisions for dietary or cultural requirements.
3. Council members may choose to receive a stipend in the amount of \$100.00 for each regularly scheduled Council meeting attended, including electronic meetings, and \$25.00 for each CHIP workgroup, Study Session, or Subcommittee meeting attended. If a stipend is requested for any other OHA or Council-related meeting attended, the member may request approval from the CEM.
4. A Family Care stipend of \$25.00 may be requested for family members requiring hired care in order to attend a Council meeting. If additional funds for Family Care stipends are required, the member may request approval from the CEM.

5. Council members may receive mileage reimbursement at the rate established by the Internal Revenue Service for travel to and from Council meetings regardless of whether or not they receive the meeting stipend.
6. Council members wishing to receive any stipends must submit a completed IRS W-9 Form to the CEM to process through the Finance Department.
7. Total monthly meeting and family care stipends to Council Members may not exceed \$200. Council members receiving stipend payments are responsible for determining whether or not the income will impact their Oregon Health Plan eligibility. Stipend payments may be taxable as income. Annual payments over \$600.00 will be reported to the IRS on a 1099 form.
8. For any stipend-qualifying meeting, Council members will record verification of their attendance (date and name of meeting) and submit to the CEM prior to or on the last day of the month. The CEM submits the stipend requests to the Finance Department and payment is mailed to Council member within 15 days.
<https://app.smartsheet.com/b/form/ece99ffef4e94c739573eb922f85c867>

Professional Development

1. If appropriate trainings or conference opportunities arise, AllCare may pay for registration, lodging, and a per diem allowance at the rate established by AllCare CCO, to the attending Council member.
2. The Council member wishing to attend a training/conference must submit a sponsorship request indicating the name, date, and location of the training/conference and lodging needs, mileage, and the dates for which per diem allowance is needed.
3. CCO leadership will ensure the training/conference supports the work of the Council. Upon approval of CCO leadership, the request will be forwarded to Finance Department for advance payment to the Council member.
4. Council members attending training/conference will be expected to provide a summary of their experiences to the Council at large to enable shared understanding and knowledge.

Compliance Training

1. AllCare CCO shall provide and require all Council members to participate in Cultural Responsiveness and Implicit Bias training.

Duties

AllCare CCO sponsors a Community Advisory Council (Council) for each county we serve to ensure that the healthcare needs of consumers and their communities are met in accordance with the state of Oregon’s regulations and initiatives.

The duties of our CACs are to:

- Find ways to avoid health problems.
- Promote the use of wellness plans.
- Take part in the state “SHARE Initiative”.
- Take part in AllCare Health’s Community Benefit Initiatives.
- Share your ideas on the “Community Health Assessment.”
- Approve the Community Health Improvement Plan.
- Review and approve an AllCare Health report each year on the progress of community health plans.
- Provide input on the Transformation and Quality Strategy projects.
- Meaningful involvement in and approval of AllCare’s Health Equity Plan.

Leadership and Staffing

Community Advisory Council Coordinator

1. The CAC Coordinator’s responsibilities must include:
 - a. Maintaining committee membership (including outreach, recruitment, and onboarding of new members) that is adequate to carry out the duties of the Council;
 - b. Actively facilitating communication and connection between the Council and AllCare leadership, including ensuring Council members are informed of AllCare decisions relevant to the work of the Council;
 - c. Ensuring facilities, materials, and other components necessary to conduct a Council meeting are accessible by Member and other attendees who have a disability, limited English language proficiency, and diverse cultural and ethnic backgrounds, to facilitate inclusion; and

Community Engagement Manager

1. The Community Engagement manager oversees the responsibilities of the CAC Coordinator and manages the Community Benefit Initiative grants.

Innovator Agent

1. The Innovator Agent is responsible for serving as a single point of contact between AllCare and OHA on matters regarding:
 - a. Innovation;
 - b. Facilitating the exchange of information;
 - c. Working with AllCare and its Council; and
 - d. Working with AllCare to identify and develop strategies to support Quality Improvement and the adoption of innovations in care.

Subject Matter Experts

1. AllCare relies on the expertise of staff Subject Matter Experts to provide background, historical or professional knowledge, and/or field expertise to inform alignment and appropriateness of Community Benefit Initiative Grant Applications in their communities.

Council Chair and Vice Chair

1. Chair responsibilities include:
 - a. Facilitating the Council meetings;
 - b. Serving as member of the CCO Board of Governors (BOG) and presenting a Council report at the CCO Board of Governors' meetings which will include consumer and/or community feedback or questions;
 - c. Serving as the liaison between the Council and the Board which will include presenting a CCO bimonthly dashboard report to the Council; and
 - d. Serving as a member of the Council Selection Committee.
2. Vice Chair responsibilities include:
 - a. Facilitating the Council and attending BOG meetings in the absence of the Chair.

Tribal Representatives

1. Each county Council will have voting members who represent consumers, the community, tribal representatives, and county government. Consumer representation must constitute a majority of the Council ($\geq 51\%$). At least one voting member of a Council will be a representative of Tribal partners; and
2. The Councils will develop a plan for tribal engagement in service areas with tribal communities.

County Government Representatives

1. The Council must include representatives of the community and representatives of each county government (where such representatives are employees of the county) within AllCare's Service Area.
2. Council membership will be selected by a committee composed of equal numbers of county representatives from each county served by AllCare and members of AllCare's governing body.

Community Health Assessment

1. AllCare shall develop a shared CHA with all of the following organizations and entities: local public health authorities, Hospitals, other CCOs, and, if a federally recognized Tribe has already developed or will develop their own CHA or CHP, AllCare shall invite the Tribe to participate in the shared CHA and CHP. These entities will be referred to as the Collaborative CHA/CHP Partners.
2. AllCare's shared CHA must comply, at a minimum, with all of the following requirements:
 - a. Identify the demographics of all of the Communities served within AllCare's Service Area, including race, ethnicity, languages spoken, disabilities, age, gender, sexual orientation, and other applicable identifying factors;
 - b. Identify and describe the health status and issues of all the Communities within AllCare's Service Area;
 - c. Identify the health disparities among all of the Communities, including those defined by race, ethnicity, languages spoken, disabilities, age, gender, sexual orientation, and other factors within AllCare's Service Area;
 - d. Determine and identify factors that contribute to health disparities among, all of the Communities served within AllCare's Service Area;
 - e. Include findings on health indicators, including the leading causes of chronic disease, injury and death within AllCare's Service Area;
 - f. Include findings on SDOH-E indicators across the four key SDOH-E domains (economic stability, education, neighborhood and built environment, social and community health).
 - g. Identify assets and resources that can be utilized to improve the health of the all of the Communities served within AllCare's Service Area;
 - h. Identify the existence of programs that promote the health and treatment of children and adolescents within AllCare's Service Area, including any treatment prevention and Early Intervention programs, and analyze the sufficiency and effectiveness of any such programs;

- i. Identify and analyze whether existing funding sources are sufficient to address the health needs of children and adolescents within AllCare’s Service Area;
- j. Include an evaluation of existing school-based health resources, including School Based Health Center, school nurses, and electronic medical records systems, and an analysis of whether such systems are capable of meeting the specific pediatric and adolescent health care needs within AllCare’s Service Area;
- k. Identify areas of improvement; and
- l. Document the persons, organizations, and entities with whom AllCare collaborated in creating the CHA;

Community Health Improvement Plan

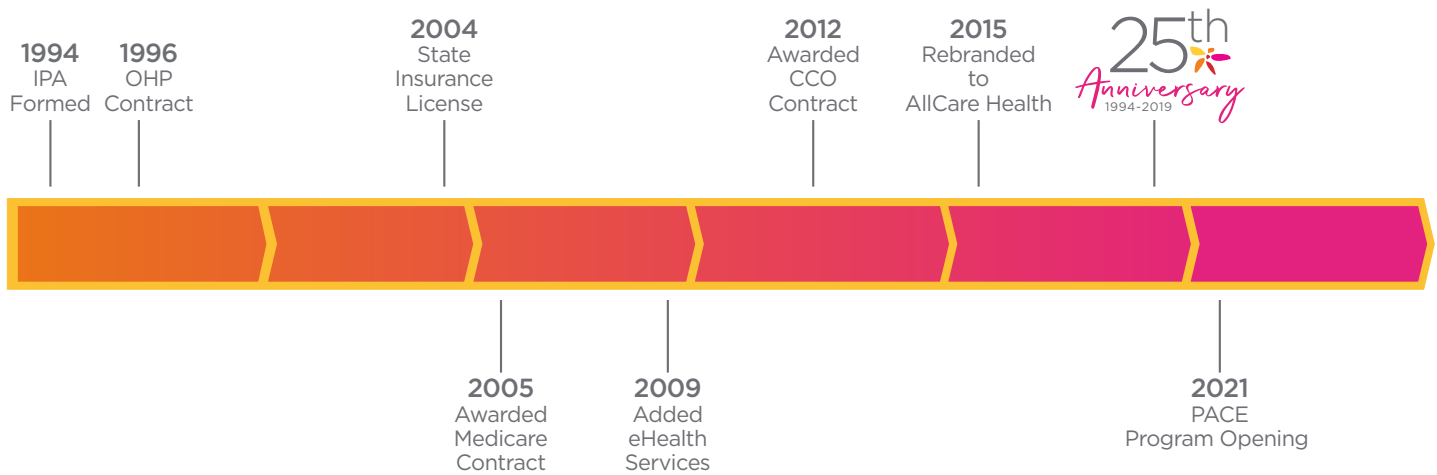
Utilizing the results documented in its CHA, AllCare, with the Collaborative CHA/CHP

Partners, shall develop and draft a Community Health Improvement Plan. The CHP will serve as AllCare’s strategic plan for developing a population health and health care system plan that will serve the Communities within its Service Area. AllCare’s CHP is subject to adoption by its Council.

1. The CHP must describe the health priorities goals and strategies that govern the activities, services, and responsibilities that AllCare will undertake and implement in order to address the population health needs and resources of the Communities within AllCare’s Service Area as documented in its CHA.
2. The health priorities, goals, and objectives identified in the CHP must include at least two Statewide Health Improvement Plan priorities which can be found on OHA’s website at:
<https://www.oregon.gov/oha/ph/about/pages/healthimprovement.aspx>
3. AllCare’s CHP must identify strategies that support the CHP health priorities and goals identified therein, and the strategies must be based on research.
4. The CHP must include metrics or indicators used to monitor progress toward CHP goals;
5. AllCare shall also develop, with the input of school nurses, school mental health Providers, and as identified in ORS 414.578 (3) other individuals representing child and adolescent health services, and include it its CHP, priorities, goals, and strategies that address the needs of children and adolescents within AllCare’s Service Area.
6. AllCare shall provide an Annual CHP Progress Report to OHA on an annual basis the progress it has made in developing or implementing its CHP. The Annual CHP Progress Report is due to OHA, via Administrative Notice, by June 30 of each year.

About AllCare Health

CCO and council history in program description



Mission

Working together to provide quality, cost-effective healthcare for our communities.

We created our mission statement in 1994, and it remains relevant today, as we face major health system transformation, integration, and innovation. We have always focused on delivering high-quality and cost-effective care. This makes it easy for us to transition to new care delivery and payment models.



Brand promise

Changing healthcare to work for you.



We are **local**

Our leadership and employees work and live in southern Oregon.

We are active and supportive members of our communities.

We are aware of our communities' needs.



We are **Compassionate**

We aim to provide quality care for all.

Through integration of physical, behavioral, and oral health, we are able to provide holistic care that meets individual needs.

Our compassion leads to better patient experience and healthier communities.

We are aware of our communities' needs.



We are **innovative**

Because of our involvement in local communities, we are able to build unique programs that meet the specific needs of children, adolescents, adults, and seniors.



We are **helpful**

We focus on friendly customer service for all of our members and providers.

We offer proactive community-based care.

AllCare CCO Board of Governors



Thom Eagan, DO
Chair
OB/GYN



Katherine Johnston, MD
Vice Chair
Pediatrician



Karla McCafferty
Community Vice Chair
Executive Director
Options for Southern Oregon



Jessica Durrant
Director of Teaching,
Learning, & Federal Programs
Three Rivers School District



Win Howard
Senior VP & Chief Executive
Officer, Asante Three Rivers
Medical Center



Rich Booth
Chief Executive Officer,
Siskiyou Community
Health Center



Marcus Bryner, MD
Diagnostic Radiologist



Peter Buckley
Benefit Governor
Former Oregon State
Representative



Lisa Callahan, CPNP
Pediatric Nurse Practitioner



Mark Jones, MD
General Surgeon



Sarah Kaplansky
Community Advisory
Council Representative
Curry County



Brian Mateja, DO
Family Practitioner



Phil Ortega
Student Services Supervisor
Eagle Point School District



Pamela Ortiz, DDS
Pediatric Dentist



Liz Roth
Community Advisory
Council Representative
Josephine County



Tori Rumrey, FNP
Family Nurse Practitioner



Charles (Chuck) Rund
Benefit Governor
President
Charlton Research Group



Mark Simchuk, DPM
Podiatrist



Sarah Spansail
Community Advisory
Council Representative
Jackson County



Annie Valtierra-Sanchez
Director, Southern Oregon
Health and Equity Coalition

AllCare Health - Community Health Improvement Team



Cynthia Ackerman
Chief Compliance Officer
cynthia.ackerman@
allcarehealth.com



Carrie Prechtel
Community Engagement
Manager
carrie.prechtel@
allcarehealth.com



Jennifer Gustafson
Compliance Manager
jennifer.gustafson@
allcarehealth.com



David Hansen
Compliance Specialist
david.hansen@
allcarehealth.com



Laura McKeane
Director of Oral Health
Services
laura.mckeane@
allcarehealth.com



Sam Engel
Social Determinants of
Health Director
sam.engel@
allcarehealth.com



Susan Fischer-Maki
Director of Community
Benefit Initiatives
susan.fischer-maki@
allcarehealth.com



Community Advisory Council Organization Chart

Curry Council	Jackson Council	Josephine/South Douglas Council
Sarah Kaplansky – Chair	Sarah Spansail – Chair	Liz Roth – Chair
Beth Barker-Hidalgo – Vice Chair	Rebecca Pearson – Vice Chair	Sandra Maxwell – Vice Chair
Cody Alvey	Alex Jones	Andy Coye
Colette Mead	Casey Moore	Connie Dillinger
Katrina Upton	Don Bruland	Frank Matz
Kevin Roeckl	Tabitha McInturff	Leah Swanson - County Rep
Linda Maxon	Tanya Phillips – County Rep	Shawn Martinez
Machell Carroll	Vic Van Sickle	Chelsea Rosenberg
Wendy Lang - County Rep		Leslie McIntyre

Oregon Health Authority	
Bevin Ankrom – OHA Innovator Agent	

AllCare Community Health Improvement Team	Additional AllCare Staff Who Regularly Attend Meetings
Cynthia Ackerman, Chief Compliance Officer	Amy Burns, VP, Benefit Management & Pharmacy Services
Carrie Prechtel, Community Engagement Manager	Andi Ross, Controller
David Hansen, Compliance Specialist & CAC Coordinator	Dr. Candelaria, Medical Director
Jennifer Gustafson, Compliance Manager	Dr. Burnett, Chief Medical Officer
Lana McGregor, Behavioral Health Integration Manager	Josh Balloch, VP, Government Relations & Health Policy
Laura McKeane, Director of Oral Health	Quinn Arrington, Tribal Liaison
Sam Engel, Director of Social Determinants of Health	Roxanne Robinson, Lead Health & Wellness Coordinator
Susan Fischer-Maki, Director of Community Benefit Initiatives	Stick Crosby, VP, Network and Health Equity

Appendix

- o Social Determinants of Health-Equity Acronym Glossary.
- o Conflict of Interest Policy.
- o Photo Release electronic “signature” permitted.
- o Member Agreement.
- o Additional and Community Benefit Initiatives (Services we provide to members and community).
- o Curry CHIP Quick Reference Guide.
- o Jackson/Josephine CHIP Quick Reference Guide.
- o Curry Community Health Improvement Plan. https://www.currycountychip.org/_files/ugd/3125e9_482ce053b1974adab9731ffb5d47fd2b.pdf
- o Jackson/Josephine Community Health Improvement Plan. <https://www.allcarehealth.com/media/2826/all-in-for-health-chip-2019.pdf>
- o Oregon Health Authority Community Advisory Council guide. <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/CAC-Learning-Community.aspx>

Acronym Glossary

Social determinants of health & health equity glossary

Community Advisory Council (CAC): The AllCare-convened council that meets regularly to ensure that AllCare is addressing the health care needs of AllCare members and the community.

Community Advisory Council Consumer Representative: A person serving on a community advisory council who is a current OHP member or a parent/guardian/primary caregiver of a current OHP member; consumer representatives can be age 16 or older.

Community Benefit Initiatives: Community-level interventions focused on improving population health and health care quality. These initiatives include members, but are not necessarily limited to members.

Community Health Assessment (CHA): Health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

Community Health Improvement Plan (CHP): 5-year (or more frequent) plans to address community health issues, needs, and priorities.

Flexible Services: Cost-effective services offered to an individual member to supplement covered benefits.

Health disparities: Structural health differences that adversely affect groups of people who systematically experience greater economic, social, or environmental obstacles to health.

Health equity: Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their social and economic status, social class, race, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.

Health Equity Plan: Comprehensive, regularly updated plans to address health equity strategies, goals, objectives, activities, and metrics, including training in cultural responsiveness and implicit bias.

Health-related services: Non-covered services that are offered as a supplement to covered benefits to improve care delivery and overall member and community health and well-being. Health-related services include Flexible Services and Community Benefit Initiatives (see above).

Housing-related services and supports: The services and supports that help people find and maintain stable and safe housing.

Housing-related services and supports: Include supportive and supported housing (see below).

Population health policy and systems change: Interventions that occur outside a clinical setting and are intended to shift health outcomes collectively for a group of individuals. Policy change refers to changes to rules or procedures within the community or the organization. Systems change refers to changes to infrastructure within the community or the organization.

Social Determinants of Health (SDOH): The social, economic, political, and environmental conditions in which people are born, grow, work, live, and age. These conditions significantly impact length and quality of life and contribute to health inequities.

Social Determinants of Health Equity (SDOHE): Systemic or structural factors that shape the unfair distribution of the social determinants of health in communities. These structural factors are evident in social norms, policies, and political systems, both historical and current. Institutionalized racism is one example.

SDOH, Four Domains: Neighborhood and Built Environment, Economic Stability, Education, and Social and Community Health.

Social determinants of health and health equity (SDOH-HE) partners: Community-based entities delivering services and policy and systems change to address the social determinants of health and health equity.

Supportive housing: Non-time limited affordable housing with community-based, voluntary, wrap-around supportive services for people experiencing homelessness and/or people with serious and long-term disabilities.

Supported housing: Supportive housing in an integrated setting. Supported Housing does not include housing where providers can reject individuals for placement due to medical needs or substance abuse history.

Traditional Health Worker (THW): A community health worker, peer wellness specialist, personal health navigator, peer support specialist, or birth doula not otherwise regulated or certified by the state of Oregon.

The actions for each goal, described here, are to help improve the root causes for top health issues in the area.



Behavioral Health

- Lessen the pain of people who have been badly hurt emotionally. Help them to be stronger when facing future problems.
 - Help young people and older adults feel less alone.
 - Teach the community how to kindly accept and help people who need behavioral health services. Make sure there is information and places they can turn to for help.
 - Prevent use and misuse of substances.
 - Find ways the community can reduce the harm that happens with behavioral health and substance use.
 - Improve ways to get behavioral health and addiction services. Find better ways to combine with other services.
-



Dental Health

- Combine dental care better with medical care, behavioral health, and residential treatment facilities.
 - Do a better job sharing with people how important dental health is to overall health and wellness.
-



Housing

- Increase the number of people paying 30% or less of what they earn on housing.
 - Increase the number of people living in homes that are safe, accessible, and are helped by social services.
-



Health Equity

- Help people go to their doctor more often instead of using the Emergency Room.
 - Train doctors on how to make LGBTQIA+ people feel more comfortable when they visit.
 - Have more medical interpreters in Jackson and Josephine counties. Make sure they are listed on the state record.
-



Parenting and Life Skills

- Help families feel cared for and stronger through building family protective factors.
- Make sure families can get access to safe, accessible, and affordable child care.
- Make healthy, nutritious food more available.
- Improve services by finding ways to work together.

What is the Collaborative Community Health Improvement Plan (or CHIP)?

A **Community Health Improvement Plan (or CHIP)** is a set of goals to help improve the health of people in the area. It is based on the 2018 Community Health Assessment and is required by the Oregon Health Authority.

Community Input

An important part of CHIP is **consumer input**.

- Focus groups helped us gather information about health issues for people in the area.
- Surveys gathered input from people living in Jackson and Josephine counties.

Process

The CHIP was put together by more than 100 people from 60 agencies. The CHIP has five (5) main goals: **Dental Health, Housing, Health Equity, Behavioral Health, and Parenting and Life Skills**. Local partners will work together to meet the goals listed.

Next Steps

- Create a work plan with specific activities, supports, and goals that will show how we will accomplish our CHIP.
- We will report on progress once per year.
- The next full CHIP process will be in three (3) years.

The Plan

- Meet the needs and address health issues of the area.
- Gather facts and evidence to make smart decisions.
- Focus on using and managing local programs and resources.
- Make a plan that focuses on all ages.
- Include voices of those we serve, including members of the Oregon Health Plan.
- Involve the Community Advisory Council (CAC) members and provide activities for consumers to be involved in improving health.
- Meet Oregon Health Authority and Public Health Accreditation rules and mandates.
- Base plan on the 2018 Community Health Assessment.
- Create positive, measurable change in the health of people in the area.
- Create a plan that can grow over the one (1) to three (3) years.

State Health Improvement Plan

2020-2024 SHIP Priority Areas

Institutional bias

Adversity, trauma and toxic stress

Access to equitable preventive health

Behavioral health (including mental health and substance use)

Economic drivers of health (including issues related to housing, living wage, food security and transportation).

Where can I get a copy of the full CHIP?

You can find the full CHIP document online at www.AllCareHealth.com or call us at (541) 471-4106, toll free (888) 460-0185, TTY 711, or language access (888) 260-4297.



Health Systems



Behavioral Health

- Support and improve access to mental health and getting help with addictions.



Dental Health

- Help more people get dental care.
- Combine dental care with physical and mental health better.



Access to Healthcare

- Hire, and keep, more providers to have better health services in the area.
-

Health Equity



Food and Nutrition

- Help people worry less about their food.
- Make healthy, nutritious food more available.



Housing and Homelessness

- Increase accessible housing availability, affordability, and quality.
 - Support projects that help reduce homelessness.
-

Communities and Families



Youth and Seniors

- Lessen the pain of people who have been badly hurt emotionally. Help them to be stronger when facing future problems.
- Help young people and older adults feel less alone.
- Work with the community to help young people, such as early learning and school-based health centers.



Workforce and Economic Development

- Educate people about poverty and programs related to reducing poverty.
- Increase traditional/community health care workers.
- Create programs to train and educate home-grown medical providers.

What is the Collaborative Community Health Improvement Plan (or CHIP)?

A **Community Health Improvement Plan (or CHIP)** is a set of goals to help improve the health of people in the area. It is based on the 2018 Community Health Assessment and is required by the Oregon Health Authority.

Community Input

An important part of CHIP is **consumer input**.

- Focus groups helped us gather information about health issues for people in the area.
- Surveys gathered input from people living in Curry County.

Process

The CHIP was put together by many organizations from several sectors. The CHIP has three (3) main goals: **Health Systems and Capacity, Health Equity, and Communities and Families**. Local partners will work together to meet the goals listed.

Next Steps

- Create a work plan with specific activities, supports, and goals that will show how we will accomplish our CHIP.
- We will report on progress at least once per year.
- The next full CHIP process will be in three (3) years.

The Plan

- Meet the needs and address health issues of the area.
- Gather facts and evidence to make smart decisions.
- Focus on using and managing local programs and resources.
- Make a plan that focuses on all ages.
- Include voices of those we serve, including members of the Oregon Health Plan.
- Involve the Community Advisory Council (CAC) members and provide activities for consumers to be involved in improving health.
- Meet Oregon Health Authority and Public Health Accreditation rules and mandates.
- Base plan on the 2018 Community Health Assessment.
- Create positive, measurable change in the health of people in the area.
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State Health Improvement Plan

2020-2024 SHIP Priority Areas

Institutional bias

Adversity, trauma and toxic stress

Access to equitable preventive health

Behavioral health (including mental health and substance use)

Economic drivers of health (including issues related to housing, living wage, food security and transportation).

Where can I get a copy of the full CHIP?

You can find the full CHIP document online at <https://unitedwayswo.org/community-health/>.

CAC Member Application Forms

Please fill out the following forms to complete your CAC Member Application. You can send your application to us by clicking the **Submit Button** on the final page of the document.



Conflict of Interest Policy

allcare cco

CONFLICT OF INTEREST – Community Advisory Council (CAC) Members

AllCare Health CCO is committed to the highest ethical standards in how AllCare and its Community Advisory Council members conduct its business and operations. Members should avoid Conflicts of Interest; disclose ethical, legal, financial, and other such conflicts; and refrain from taking any official action on matters in which they have a Conflict of Interest.

Each Member is required to complete and sign this statement annually.

- Section 1: Notwithstanding Sections 2 through 7, no member of this CAC shall use their official position to obtain financial gain for that member, any member of their household or for any business with which the member or a member of their household is associated.
- Section 2: Potential conflicts of interest may occur when a member takes action that reasonably could be expected to have a financial impact on that member, a relative or a business with which the member or member's relative is associated.
- Section 3: An actual conflict of interest occurs when the action is reasonably certain to result in a financial benefit or detriment. It will occur when an action is taken that directly and specifically affects land, a business, or any other financial interest of the member or member's relative.
- Section 4: When an actual or potential conflict of interest occurs, a CAC Member must publicly declare a potential or actual conflict of interest prior to discussion, recommendation, vote or other official action on an issue. The declaration and the nature of the conflict must be noted in the minutes.
- Section 5: With a potential conflict of interest, a member may participate in the action, once the announcement has been made.
- Section 6: With an actual conflict of interest, the person must:
- A. Declare the actual conflict and announce its nature; and
 - B. Refrain from taking any official action on the issue.

Section 7: At each session at which the issue is addressed, the member must make the same public declaration. However, the member is required to make that announcement only once at each meeting, even if the issue involves a series of votes.

Section 8: No member of this CAC shall chair a committee when the member has a conflict of interest in that committee.

Section 9: Individual CAC members shall declare Board membership of any agency being discussed by the CAC.

Identifying A Conflict or Relationship Does Not Necessarily Mean There Is A Problem:

In some instances, you may need to reveal a conflict or relationship when responding to a question. This does not necessarily mean that you have done something improper or violated the Conflict of Interest policy for CAC Members. By identifying potential conflicts and relationships, you permit the CAC and management to make an informed judgment, further permitting them to address issues through appropriate action or safeguards. Being forthright now is the best approach. If you have questions about this Conflict of Interest Statement, ask the Chairperson or forward a question to the AllCare Chief Compliance Officer.

By signing this form, I certify that I have read and understand the Conflict of Interest Guidelines from AllCare Health and I agree to abide by it.

Signature: _____

Date: _____

Print Name: _____



AllCare CCO Community Advisory Council (CAC) Member Agreement

Member Name: _____

Street Address: _____

City, State, Zip code: _____

Phone: _____ Email: _____

Are you a current or former OHP/AllCare CCO member? Yes / No

OHA Definition of OHP consumer: “Community Advisory Council Consumer Representative: A person serving on a community advisory council who is a current OHP member or a parent/guardian/primary caregiver of a current OHP member; consumer representatives can be age 16 or older. If a consumer representative’s membership in OHP ends, they can be counted as a consumer representative for six months after the end of membership but not after that time (though they may remain a CAC member).”

Are you an OHP/CCO member representative (parent/guardian)? Yes / No

If representative, member name: _____ Relationship to member: _____

Do you represent or have an affiliation with a community organization or tribe? Yes / No

If yes, which organization(s) or tribe? _____

I agree to serve on the AllCare Community Advisory Council for a 3-year term. Initials _____

If I’m unable to attend a CAC meeting, I will notify the CAC Coordinator as soon as I know I’ll be absent. Initials _____

If I’m unable to complete my term of service, I’ll notify AllCare CCO so another person may be appointed. Initials _____

If I’m unable to serve on the Council for an extended period of time, but would like to return to the Council when able to do so, I understand I may request a leave of absence. Initials _____

I will review available reports and materials before each meeting and be prepared to discuss them. Initials _____

Diversity is important to the CCO and I understand there may be differences of opinion. I will be respectful of CAC members and AllCare staff.

Initials _____

I understand the CAC meetings are not the time to address specific questions or issues concerning my personal health matters.

Initials _____

Some people may from time to time disclose personal information during meetings. I will respect their privacy and not share any such information outside the CAC.

Initials _____

I understand that any violation of this agreement may be cause for dismissal from the CAC.

Initials _____

Signature: _____

Date: _____

Consent for use of image in multi-media

I, _____, hereby **consent** / **do not consent** and agree that AllCare Management Services, LLC, AllCare eHealth Services, LLC, AllCare CCO, Inc., AllCare Health Plan, Inc., AllCare PACE, AllCare Health Medical Group, and Mid Rogue Independent Physician Association, Inc., (each a “**Company**” and collectively, the “**Companies**”), its / their successors and / or assigns, may use, copy and display the image and likeness of me (“**Image**” or “**Images**”), individually or in connection with other material, in any and all media now or hereafter known, including specifically but not limited to, any websites owned or managed by a Company, on Company Facebook pages and other forms of social networking or media platforms, and advertising and marketing materials.

I understand and agree that:

1. I will not receive any money from the Companies for use of any Image, but acknowledge the value of the increased visibility created by the Companies’ use of any Image.
2. Companies may use Images for any reasonable purpose, as determined solely by the Companies, without further review or consent by me.
3. The Companies may choose, position, caption and edit Images as the Companies determine in their sole discretion.

I will hold harmless the Companies, their officers, directors, employees, affiliates, legal representatives, successors and assigns, from any liability by virtue of minor cropping of Images that may be required, and color and exposure shifts that may occur in reproducing the Images.

I release and forever discharge the Companies, their legal representatives and assigns, from any and all claims and demands that may arise out of or in connection with the use of the Images, including without limitation, any and all claims for libel or violation of any right of publicity, privacy, or any other property right.

I affirm that I am 18 years of age or older, and competent to sign this release on my own behalf. I have read this release and fully understand its implications.

Agreed to:

Signature

Printed name

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions.

You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Thank you for helping make
your community a better place
for everyone!



An Oregon Benefit Company

AllCareHealth.com/CCO



Grants Pass

1701 NE 7th Street,
Grants Pass, OR 97526

Medford

100 East Main Street, Suite B
Medford, OR 97501

Brookings

580 5th Street, #400
Brookings, OR 97415

Toll free (888) 460-0185

TTY 711

Language access (888) 260-4297