Leadership Profile

Chief Executive Officer

CONFIDENTIAL

Prepared by

Witt/Kieffer

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This Leadership Profile is intended to provide information about CareOregon and the position of Chief Executive Officer. It is designed to assist qualified individuals in assessing their interest.
The Opportunity

This is a great opportunity to lead a nimble, not-for-profit organization with a reputation for innovation, to build on past organizational successes, and be transformative in creating healthier communities across the state of Oregon. Due to the unexpected resignation of the former Chief Executive Officer (CEO), the Board is seeking a visionary, collaborative leader who can build relationships across the state with multiple constituencies while successfully running a health plan that has experienced significant growth in Medicaid and improve the operations and financial performance of the Medicare Advantage and Prescription Drug Plan. CareOregon seeks a leader who embraces being involved in strategic issues of the organization, as well as day-to-day responsibilities, advancing performance management.

The new leader will work closely with the Board of Directors, maintain and develop crucial partnerships, serve as an internal sounding board to the senior team, be visible to employees, listen to members and their needs, and maintain outstanding relationships with providers, regulators and community partners. The CEO leads the executive team and provides leadership, direction and administration of the organization. The CEO develops, recommends and implements the organization’s strategic goals and objectives by managing, leading, and directing executive-level staff to achieve the organization’s philosophy, mission, vision, strategy, annual goals, objectives, and financial targets; directs and oversees the development of metrics to measure organizational performance; interacts frequently with the public, governmental organizations, affiliated organizations, and other stakeholders.

The Board is expecting the CEO to create open lines of communication internally and externally. Externally, the CEO will assume a key leadership role and will be an active and visible participant on behalf of the plan in a variety of settings. He/She must be a credible contributor and help build long lasting relationships with state and Federal regulators, multiple county leaders, CCO partners, providers, and partners, as well as being a knowledgeable contributor and spokesperson for the health plan. Internally, the CEO is expected to establish the vision, set operational priorities and hold the team accountable for results. Coming off a time of great expansion due to ACA Medicaid Expansion, it is time to reinforce the infrastructure and operations.

The CEO must bring a blend of strategic and visionary skills combined with strong knowledge of Medicare and Medicaid to drive the financial turnaround of Medicare, improve quality and better integrate care overall. The CEO must build an organizational culture and workforce that reflects and serves Oregon’s changing demographics and CareOregon’s diverse membership. The ideal candidate will have experience as a senior executive in a complex and successful health plan, with a proven track record of leading a successful health plan and positioning it for the future. She/he will be a diplomat, collaborative and comfortable heading up a mission-driven organization in a time of transformational change in the financing and delivery of health care.

The Board is committed to community benefit and has a wide range of programs aimed to positively impact social determinants of health. CareOregon has multiple mechanisms to fund these programs including the Primary Care Investment Fund, Program Related Investments as well as Community Benefit Contributions and Grants.
The Organization

CareOregon’s *mission* is cultivating individual well-being and community health through shared learning and innovation. CareOregon’s *vision* is healthy communities for all individuals, regardless of income or social circumstances. The organization focuses on the total health of members, not just traditional health care. In teaming up with members, their families and their communities, CareOregon helps Oregonians live better lives, prevent illness and respond effectively to health issues.

As a not-for-profit health plan, CareOregon is dedicated to providing access to high quality cost effective care for members, low income at risk members and the community. As a community benefit organization, CareOregon strives to bring together providers and care partners to assure affordable, high-quality coverage and care for the community. CareOregon believes Oregonians deserve the best opportunities for good health and is dedicated to achieving world-class health care. CareOregon’s approach is to support health in the community as well as in clinics and hospitals.

CareOregon is a contractor with the Oregon Health Plan, the state’s Medicaid program, as well as a community benefit organization that expands access to effective care and health improvement programs for the population served and for Oregonians at large. CareOregon is a not-for-profit organization that’s been involved in health plan services, reforms and innovations since 1994 and serves both Oregon Health Plan (Medicaid) and Medicare and Medicare Special Needs Plan members.

Medicaid members in Oregon are served through Coordinated Care Organizations (CCOs) in local markets that provide all health care services including physical health, addictions and mental health and dental care (see map in appendix). In providing health plan services to four CCOs, CareOregon directly serves approximately 200,000 Oregonians throughout the state. Members receive care in community health centers, large health systems, academic health centers, private practice groups and hospital-affiliated group practices.

CareOregon’s commitment to shared learning and innovation means it learns from the best and helps colleagues in the field—at home and nationally—learn from each other. CareOregon listens to what members and communities say and applies those lessons as the state of Oregon transforms health care.

Governance

The CareOregon Board can have a maximum of 15 members and presently has 12. Each director shall serve for a term of three years and may not serve more than three terms. Regular meetings of the Board occur, usually 10 times per year, and the Board does considerable work through the standing Committees: Executive, Finance, Audit and Compliance, Governance, Compensation, Network and Quality, and Community Relations. The Board Chair is elected for a one-year term and customarily serves two terms. The CEO serves as the
President, an officer of the corporation, and is elected to the Board to run concurrent with tenure as an officer. The CEO serves as a voting member of all committees except the Compensation Committee. The President and Chief Executive Officer shall provide regular reports to the Board of Directors on the activities of the corporation, and shall provide at least quarterly financial reports and annual audited financial reports to the Board of Directors.

**CareOregon Health Plan Members (as of April 2015)**

- 200,000 members reside in 11 different Oregon counties
- CCOs served by CareOregon include Health Share of Oregon, Columbia Pacific CCO, Jackson Care Connect, and Yamhill Community Care Organization
- 80 percent of members live in the Portland metropolitan area
- 53 percent of members are female
- 46 percent are 19 and younger
- 11 percent are 4 and younger
- 42 percent do not speak English as their first language
- 46 percent self identify as non-Caucasian

**CareOregon Health Plan Provider Network (as of April 2015)**

- 371 primary care provider clinics
- 1,409 primary care providers
- 44 hospitals
- 1,808 specialist clinics
- 9,230 specialist providers
- 48 dental clinics
- 116 dental providers
- 82 Federally Qualified Health Centers (FQHC)
- 7 public health departments
- 24 Rural Health Clinics
- 8 Federally Qualified Dental Health Centers

**The impact of health reform**

With health care reform, the number of uninsured Oregonians dropped from 550,000 to 202,000, about 5 percent of the population. This resulted in a 40% increase in Medicaid lives to CareOregon which has had a positive financial impact on CareOregon’s Medicaid product line, but also increased the need for more staff to manage this growth. As the program matures and eligibility tightens, CareOregon is now projecting a 9% decrease in Medicaid lives in FY2017.
Over the last decade, CareOregon has been profitable and has built up substantial reserves which are used for community benefit. In 2014, CareOregon experienced losses from the Medicare product lines which are estimated at $19 million in 2015, due to a combination of high administrative costs (10%), 100% Medical Benefit Ratio, and a 3.5 Stars rating. A turnaround plan focusing on medical costs, utilization, better integration of care provision, and improved quality will be approved by the Board in January with implementation expected to begin immediately. CareOregon has employed LEAN methodologies to revamp processes to create greater efficiencies since 2010.

**Detailed information on entities which comprise CareOregon**

**CareOregon, Inc.** CareOregon has contracted with several CCOs and with the Oregon Health Authority (OHA) to manage care and provide health care services to Medicaid enrollees. CareOregon contracts with a network of community and private medical providers throughout the State of Oregon, paying negotiated fees for health services to these providers. The contracts with the CCOs are renewable after terms ranging from one to five years. The contracts with the OHA are in effect through 2018 and it is expected the State will conduct a rigorous rebidding process at that time. Medicaid capitation revenue sources in 2014 were 73 percent from external CCOs, 25 percent from subsidiary CCOs, and 2 percent from direct contracts with OHA.

CareOregon is organized and operated exclusively for charitable, educational, and scientific purposes, including, for such purposes, making distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986.

CareOregon has organized its activities around the principles of the Triple Aim, as articulated by the Institute for Healthcare Improvement, to achieve high standards of population health for their members, to promote and provide health and other care which is patient centered and results in high levels of patient satisfaction, and to provide services at reasonable per capita costs.

In 2012, under the Oregon Legislature’s plan to transform the Oregon Health Plan (OHP) system through CCOs, CareOregon formed three wholly-owned LLC CCOs: Columbia Pacific CCO, LLC; Jackson County CCO, LLC (Jackson Care Connect); and PrimaryHealth of Josephine County (In early 2014, CareOregon’s sole membership interest was sold to Grants Pass Management Services, Inc. dba Oregon Health Management Services (OHMS)). The majority of CareOregon’s OHP members were transferred to these CCOs as well as two independently formed CCOs, Health Share of Oregon (Health Share), formed in April 2012 and Yamhill County Care Organization (later renamed Yamhill Community Care Organization; Yamhill CCO), formed in July 2012. Each CCO has both a local Board and a community advisory group and the CareOregon CEO or another CareOregon representative participates on these boards. Oregon was also successful in obtaining a federal waiver for implementation of health care reform which both added additional resources and additional accountability for cost control and quality.
Also, in 2012, Multnomah County Health Department novated its managed care dental contract with OHA to CareOregon. As a part of the arrangement, CareOregon agreed to improve dental access for OHP members in Multnomah County. Dental revenues for the dental care organization (DCO), CareOregon Dental, totaled $26.1 million in 2014 and $8.2 million in 2013. The increase in dental revenues is partially due to membership growth in CareOregon Dental, as a result of the Affordable Care Act (ACA) expansion. CareOregon Dental signed dental contracts with Health Share and Family Care. As part of OHA’s continuing efforts to integrate physical, mental, and dental health for Medicaid members, OHA required CCOs to offer dental benefits. Jackson Care Connect and Columbia Pacific CCO signed dental contracts with multiple DCOs effective in January 2014 and April 2014, respectively.

CareOregon holds Management Service Agreements with its subsidiaries, as well as Health Share, Yamhill CCO, Oregon’s Health CO-OP (this agreement ended in 2015), and Neighborhood Health Center (agreement ended in 2014). Under the terms of the Management Service Agreements, the entities contract with CareOregon to provide management services, performed by CareOregon personnel utilizing CareOregon office space, systems and equipment.

Coordinated Care Organizations [https://cco.health.oregon.gov/Pages/Home.aspx](https://cco.health.oregon.gov/Pages/Home.aspx)

Independent CCOs

**HealthShare of Oregon:** HealthShare, the largest CCO in Oregon, is a collaborative partnership formed by Adventist Health, CareOregon, Central City Concern, Kaiser Permanente, Legacy Health, Oregon Health & Science University, Providence Health & Services, Tuality Healthcare, and Clackamas, Multnomah and Washington counties. HealthShare is a single integrated health care delivery system transforming care for Oregon Health Plan Members in the Tri-County Metro area of Clackamas, Multnomah and Washington counties. CareOregon serves as one of the Risk Accepting Entities (RAE) for HealthShare’s members. HealthShare is the single largest provider of members to CareOregon, thus this is a critical partnership for the organization and the CEO of CareOregon sits on this board. [http://www.healthshareoregon.org/](http://www.healthshareoregon.org/)

**Yamill Community Care Organization:** This is a Coordinated Care Organization that serves Oregon Health Plan members in Yamhill county, and parts of Clackamas, Washington, Polk, Marion and Tillamook counties. CareOregon provides services to Yamhill CCO through a Management Services Agreement. [http://www.yamhillcco.org/about-us](http://www.yamhillcco.org/about-us)

Coordinated Care Organizations owned by CareOregon

**Columbia Pacific CCO, LLC** – CareOregon formed a wholly-owned, single-member subsidiary, Columbia Pacific, in April 2012, as part of the Oregon Legislature’s plan to transform the OHP system through each of the CCOs. Columbia Pacific serves OHP members in Clatsop, Columbia, and Tillamook counties. [http://www.colpachealth.org/about-us](http://www.colpachealth.org/about-us)
Jackson Care Connect, LLC – CareOregon formed a wholly owned, single-member subsidiary in May 2012 which serves OHP members in Jackson County.  
http://www.jacksoncareconnect.org/about-us

Other Subsidiaries of CareOregon

Health Plan of CareOregon, Inc. – CareOregon formed a for-profit, wholly-owned subsidiary, Health Plan of CareOregon, Inc. (Health Plan) in 2005. Health Plan reorganized December 31, 2013 to an Oregon public benefit nonprofit corporation with CareOregon as the sole member. While reorganized as a non-profit, Health Plan did not file for tax-exempt status with the Internal Revenue Service and remains a taxable entity. Health Plan continues to be a licensed Health Care Service Contractor (HCSC) domiciled in the state of Oregon and is regulated by the Department of Consumer and Business Services (DCBS).

Health Plan is a Medicare Advantage and Prescription Drug Plan (MA-PD) with the Centers for Medicare and Medicaid Services (CMS). It is made up of two plans: a Special Needs MA-PD Plan that primarily targets enrollment of Medicaid and Medicare dual eligible members, and a regular Medicare Advantage plan.

Care Access LLC – Formed in July 2009, Care Access LLC (Care Access) purchased a medical office building in July 2009, to improve access to primary care in the underserved Rockwood area of Gresham, Oregon. Care Access improved the building and receives rental income from its medical clinic tenant, Multnomah County Health Department.

LHW, LLC – In March 2013, LHW, LLC was formed and purchased certain assets of Lean Healthcare West, offering training in lean business practices to the health care industry, supporting the mission work of CareOregon to bring best practices in business to health care settings. Assets purchased were primarily intangible assets of brand, trademarks, and customer lists for repeat business use. Upon review of 2013 financial performance, it was determined the value of the intangibles was not realizable and as a result a good will write-down of approximately $2 million was recognized during 2013. For administrative efficiency, LHW, LLC was dissolved as of December 31, 2015. All operations, assets and obligations have been assumed by CareOregon which was the sole member and manager of LHW, LLC.

CareOregon Community Health LLC – CareOregon formed a wholly-owned, single-member subsidiary, CareOregon Community Health LLC (Community Health), in April 2010, to provide increased access to quality health care for CareOregon members and those in the clinic communities. Community Health operated three clinics in Washington and Clackamas counties, one of which was operated under the direction of Clackamas County Health Department. Effective October 1, 2011, Community Health contributed assets to form a new independent 501(c)(3) corporate entity, Neighborhood Health Center, to run the existing clinic operations and additionally offer dental services in Oregon City. Support and administrative services were provided by CareOregon, under agreements with Neighborhood Health. Community Health's remaining administrative functions were completed during 2014 and it was dissolved in December 2014.
**Financial Performance**

**FYE 2014 (12/31/2014)**

- Revenue (premium, management fee and grants) $999,075,709
- Medical Costs $855,223,193
- Medical Benefit Ratio 85.6%
- Administrative Costs $7,283,111
- Administrative Cost Ratio 7.3%
- Total Expenses (Medical, Labor, Non-Labor) $924,769,396
- Operating Surplus $74,306,313
- Other Income/Expenses $9,866,597
- Net Income before taxes $84,172,910
- Excess of Revenues over Expenses $86,952,411
- Cash/investments $343,894,363
- Receivables $42,013,942
- Total Current Assets $390,660,245
- Total Current Liabilities $154,628,531
- Current Ratio 2.53

For more information, consult: [http://www.careoregon.org/](http://www.careoregon.org/)
Expectations

It is expected that the new Chief Executive Officer will achieve the following in the first 12 to 18 months:

- **Set the Strategic Direction of the Organization:** Keeping CareOregon’s mission top of mind, lead the Board, senior team, and appropriate stakeholders through a strategic planning process that will guide the organization for the next three to five years. The strategic plan must consider where CareOregon’s assets and strengths are and where and how they need to be developed to position the organization for continued success.

- **Position CareOregon Successfully for a Changing Landscape:** The market is becoming much more competitive as new health plans come to the area and health systems align with health plans to take on risk. A large part of CareOregon’s care model is to be the RAE for Medicaid members with service provision coming primarily through four CCOs. By end of year 2018, it is anticipated that OHP contracts will go out to bid and, while the specific criteria and process are unknown at this time, it is likely that there will be more plans competing for existing members. It is critical for the incoming CEO to navigate these uncharted waters to position CareOregon successfully in the bidding process. This will create multiple areas of focus, including but not limited to, real time analytics for provider partners around utilization and cost management (CCO metrics), innovating a seamless integrated care model (physical health, behavioral health, and dental care), member experience and growth, quality programs, as well as community and current partnership relations.

- **Integrate Successfully into the Organization:** The CEO must get to know the organization’s Board, employees, providers, the communities served and be sincerely interested in the various constituents. Establish a positive working relationship with the Board of Directors. The CEO must maintain high visibility at all levels and develop strong collaborative relationships and be viewed as a trustworthy, confident and effective leader.

- **Strengthen Financial, Administrative, and Operational Performance:** Coming off a period of intense rapid growth and internal reorganization, work with the executive team to reinforce the organization’s infrastructure to provide highly effective operational systems and performance to meet members’ needs across all product lines. Recently, the Medicare product line has become a core focal point for CareOregon. The incoming CEO will need to conduct an operational review of current infrastructure, business processes and systems, and clinical delivery systems to ensure the transformation of the Medicare business line. This includes developing systems of accountability to ensure improvements are hard-wired and sustained. Executing on a plan to improve CareOregon’s Medicare financial performance will be a vital measure of success.

- **Quality:** The Board is firmly committed to providing the highest quality to members. Building on the current quality performance of the organization, improve quality standards modeled on the Medicare Stars Program to improve from the current 3.5 star rating to, at least, a 4 star rating. This initiative will significantly help CareOregon’s Medicare turnaround efforts as rates for the Dual eligible members will be significantly increased. Determine if CareOregon should seek reaccreditation by NCQA in 2017.
• **External Relationships:** The CEO is responsible for developing outstanding working relationships with the physician and provider communities, CCOs, FQHCs, hospitals, multiple county, state and federal leaders. The individual must be relationship driven, partnering in nature, and influential to advocate on behalf of the CareOregon as appropriate to help position the organization successfully. It is hoped that the new CEO will be seen as an influential health care leader in the state and be sought after as an opinion leader.

• **Transform the Culture While Enhancing Innovation and Performance:** Promoting the continuation of CareOregon’s culture as an innovator and risk taker to improve community health is crucial. The CEO, in conjunction with the executive team, must continually enhance patient safety and quality while maintaining high employee engagement and morale and getting appropriate results as compared to other similar high performing organizations. Maintain a can do/innovative culture with a strong orientation to doing what is best for the member in a cost effective manner. Intentionally build a multicultural workforce to meet the needs of a diverse membership within this culture as the company grows and prospers.

• **Teamwork:** The new CEO must serve as the leader of the organization, building on the strong foundation which exists within the management team. Build a strong, diverse executive leadership and management team by evaluating the structure and filling any vacancies. Evaluate the overall effectiveness of the people in various positions, develop goals and objectives, hold individuals accountable for performance, mentor and develop direct reports. Be viewed as a respected, respectful, collaborative team leader and excellent communicator who has the ability to make decisions and inspire others to accomplish their goals efficiently and effectively.

**Reporting Relationships**

The CEO reports to the Board of Directors and works closely with the Chair of the Board and Committee Chairs.

Reporting to the CEO are the Chief Operating Officer, Chief Financial Officer, Chief Network Officer, Executive Director, CCO Partnership & Development, Director of Public Policy & Community Relations, Internal Audit & Compliance Officer, Executive Director Medicare Programs, and Executive Assistant. The organization team was restructured last year and the Chief Medical Officer role was eliminated at that time. It will be up to the new CEO to decide the organizational structure moving forward. (See organization chart attached.)
Responsibilities

Mission

- Develop, establish and maintain a clear vision for CareOregon.
- Develop organizational policy positions that advance CareOregon’s mission.
- Assure CareOregon’s business initiatives are aligned with the mission.

Strategy

- Strategically position CareOregon for success in a changing environment.
- Working with the Board of Directors and leadership team, develop a strategic plan for CareOregon that builds on the vision.
- Build on existing and create new partnerships and strategic alliances.

Public Policy and External Environment

- Lead and design CareOregon’s strategy for linking with community business partners, the State and other stakeholders to further strategic objectives.
- Establish CareOregon’s role as a credible organization thus securing CareOregon’s position with business policy leaders.
- Create CareOregon’s agenda as an agent of change to reform the provision of health care services within a broader landscape of social determinants of health.
- Continue and enhance CareOregon’s deep involvement with delivery partners, community and public policy process to shape CareOregon’s future.
- Enhance stakeholder partnerships to expand CareOregon’s advocacy on legislative policy issues, rate related matters and future direction of government/Medicaid programs.
- Establish strategic plans and initiatives to assure organization’s growth.

Operations

- Establish and effectively execute operational strategies to achieve CareOregon’s strategic goals.
- Evaluate the executive leadership team and structure while maintaining stability of the organization’s team. Interview and select qualified candidates for executive level positions, monitor and evaluate performance of direct reports, and provide developmental opportunities. Exercise authority to hire and terminate as necessary.
- Lead, guide and mentor staff to highest levels of contribution and performance so that CareOregon operates efficiently.
- Engage the organization in continuous quality and performance improvement to assure high level of stakeholder satisfaction and achievement of operational benchmarks.
- Provide learning opportunities and innovative strategies to grow and motivate staff and leadership.
• Through proactive leadership, assure excellent service to members/providers so that high levels of satisfaction are achieved. Continue to advance a corporate culture that is innovative and incorporates a commitment to continuous process improvement.

• Establish and maintain internal communications to promote the mission, and provide a work environment where staff can be effective, satisfied and provide quality service to all customers, internal and external.

• Participate in, and interpret to staff and Board members, the federal and state health care political environments to optimize the health plan’s strategic and operational decisions.

Fiscal

• Operate plan in financially sound manner to assure organization is able to perform regardless of funding changes.

• Assure CareOregon’s proactive response to legislative and regulatory issues.

• Assure revenue is appropriate and provides long-term stability for CareOregon’s current operations and future product diversification goals.

• Establish organizational policies and direction to assure stability in the lines of business.

• Assure CareOregon’s long-term strategy is in alignment with federal initiatives and policies.

Regulatory Compliance

• Ensure that the OHA and CMS regulations and requirements are met or exceeded. Responsible for having systems in place to ensure compliance with all statutory regulatory requirements.

• Monitor developments in health care reform and financing at the county, state and federal levels, ensuring that the policies, programs, and strategies of CareOregon comply with federal, state, and local statutes, regulations, and ordinances.

Board

• Assure Board is informed regarding CareOregon’s strategies, operations, and outcomes.

• Recruit and develop new Board members in collaboration with Board Governance Committee.

• Develop strategic initiatives and policy updates for Board input as appropriate.

• Develop agendas and topics for periodic Board meetings and the annual retreat, assuring Board is prepared for discussions in advance.

• Sit on CCO boards including Health Share, Jackson Care Connect, Columbia Pacific, and Yamhill CCO and represent CareOregon on boards of other aligned or partnering organizations.
Candidate Qualifications

CareOregon is seeking an individual with the following qualifications to make a long-term commitment to the organization:

Education/Certification

- An undergraduate degree is required and an advanced degree from an accredited college or university in an appropriate discipline is strongly preferred.
- Evidence of regular, ongoing participation in education and career development programs is desirable.

Experience

- Must have 10 years of progressive responsibility within the health care field, and at least seven years senior level management experience in a similar sized or larger managed care organization or health plan.
- Experience with operations and compliance of Medicaid managed care, Medicare managed care, understanding of Medicare special needs plans and dual eligibles, a knowledge and understanding of the safety net and the health care issues of vulnerable (at risk and disadvantaged) populations.
- An understanding of key concepts of managed care is expected with experience working in a provider sponsored health plan a plus. An appreciation of the complexities and uncertainties around the future of health care to anticipate potential challenges and opportunities for the health plan and act accordingly.
- She/he should have demonstrated experience interfacing effectively and advocating with government officials and regulators and have a history of respectful working relationships with physicians, clinics, and health system providers.
- Prior experience working with a board of directors in a not-for-profit, mission driven setting is ideal.
- Prior experience working in Oregon helpful, but not required. Must be a quick study to learn the Oregon managed care environment and become acculturated quickly if one has not worked there previously.

Qualifications and Skills

- Candidates must have a strong connection to the social mission of the organization, experience with and a commitment to improving access to health care services for vulnerable populations in order to continue CareOregon’s role as a recognized leader and advocate for improvements in public programs and public policy. Must have demonstrated track record working in multicultural environments and cultivating the development of a diverse staff and leadership team.
• Excellent leadership skills to provide strategic direction to the organization and to establish short and long-term goals.

• Excellent written and oral communication skills; comfortable with public speaking, serving as the spokesperson, and actively representing the organization to various arenas.

• Excellent interpersonal skills to develop and maintain critical internal and external relationships and motivate staff to achieve goals and objectives.

• Must be a dynamic and politically astute leader who can engender the trust and confidence of employees, customers, regulators, providers, and all constituents of CareOregon. Is able to relate effectively with people at all levels.

• Proven ability to have an effective working relationship with the Board. Possesses unquestioned personal and professional integrity and honesty, and is able to garner the confidence of the Board.

• Possesses a progressive management style, delegating effectively and holding the senior team accountable. Must be an empowering, enthusiastic and motivational leader; able to operate well at the strategic level to keep CareOregon strategically positioned, yet able to be attentive to the infrastructure to ensure operations are well-run and the organization is thriving financially.

• Is a flexible and collaborative leader with a track record of building successful partnerships with other organizations.

• Possesses well-developed conflict resolution skills, ability to have crucial conversations, and is an accomplished negotiator and facilitator.

• Is an analytical thinker with business savvy and a fiscally responsible approach to management. Is a creative, independent thinker, yet pragmatic with the confidence to make difficult decisions and recommendations.

• Possesses true executive qualities relative to intelligence, forthright demeanor, self-confidence, and initiative. She/he should have a sense of humor, be diplomatic, patient and compassionate, have good listening skills, and be a calculated risk-taker.

• Must be high energy, dedicated, politically savvy and can withstand the pressures of a complex environment. Must be proactive and comfortable managing change. Able to handle varying situations with tact and diplomacy and to collaborate effectively in a variety of situations.
The Community

CareOregon is located in the Portland metropolitan area with all the amenities of the nation’s top 50 markets. A vibrant, growing area, the community offers an ideal place to live and work, from lively urban locations to rural, country living both within easy commuting distance of the CareOregon offices in downtown Portland.

Portland, Oregon has a population of 587,865 (approximately 2 million in the metropolitan area) and has been ranked as North America’s “Best Big City” by Money magazine. Portland has an unmatched natural beauty, an exciting balance of historic and contemporary architecture, a bustling local scene and sumptuous dining — all easily accessible by the city’s light-rail and bus system. Portland’s high-tech industry, progressive social services and supportive business environment make Portland a rich center of cultural entertainment. Portland’s unique and thriving festivals, dining spots and abundant natural spaces keep it consistently among the nation’s travel hotspots. Portland has the personality of a small community, the activities and vitality of a large city and Oregon has no sales tax.

Portland is recognized as one of the most environmentally diverse areas of the U.S. and certainly one of the most environmentally conscious. With moderate temperatures and varied and beautiful terrain, Portland is the quintessential outdoor city. The Pacific Northwest abounds in natural wonders, from rugged ocean coastline to high desert and from mountain peaks to Hells Canyon. Forest Park offers 40 miles of wilderness trails, streams and woods within the city limits. Hiking, biking and exploring opportunities are always close at hand. Smith and Bybee Lakes display stunning wildlife and have great flat-water paddling in America's largest protected wetland within a city.

With four ski resorts and North America's longest ski season (including 90 summer days), 11,235-foot Mt. Hood is a mecca for skiers, ice climbers, snowboarders and hikers. The surrounding wilderness boasts spectacular trails for snowshoeing as well as cross-country skiing and all of this is just an hour's drive from Portland's city center. Long recognized as a fisherman's haven, the Pacific Northwest is rich with salmon, steelhead trout and sturgeon. For more information about the Portland area please visit the below websites.

Timeline and Interview Process

Interview dates for CareOregon have been outlined as follows:

- Paper presentation of qualified candidates to the CareOregon, Chief Executive Officer Search Committee by Witt/Kieffer is scheduled for March 3, 2016.
- Round One Candidate Interview dates are scheduled for March 17 or 18, 2016.
- Finalist Candidate Interview dates will be April 7 or 8, 2016.

Selected candidates should plan to hold the above dates in the event they are invited by the Executive Search Committee to participate in the interview process.

Procedure for Candidacy

For more information, please contact the Witt/Kieffer consultants working with CareOregon:

Elaina Spitaels Genser
Phone:  510/420.1370
Email:  elainag@wittkieffer.com

Stephen Davis
Phone:  781/272.8899
Email:  sdavis@wittkieffer.com

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