

Quality needs to be top priority and not profit. In my experience the COHS plans do this best especially if they can reinvest their reserves into the community health to fix access and capacity issues and support integration efforts with behavioral health across their region. No million dollar salaries, no profits to shareholders, no expensive retreats in Hawaii, no focus on competition with other health systems, and no mixed incentives other than making people better. The evaluation criteria for selecting plans need to look at what are the motivations for these values and actions, not just promises on paper that they do not keep in reality. Lets look at real track records, and how \$\$\$ is spent in other states and settings.

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