



P.O. Box 11756
Eugene, Oregon 97440-3956

ATTACHMENT 5 – CCO LETTER OF INTENT TO APPLY RFA #3402

1. What is Applicant's Legal Entity name, Oregon headquarters location, and key contact person?

Legal Entity Name:

Trillium Community Health Plan (Trillium)
1800 Millrace Drive
Eugene, Oregon 97403
(541) 984-2442

Key Contact:

Terry W. Coplin, Chief Executive Officer and Director
1800 Millrace Drive
Eugene, Oregon 97403
(541) 345-9937
tcoplin@trilliumchp.com

2. What is the Applicant's desired service area by county or zip code?

Lane County, Oregon

3. Who are the Applicant's key potential Affiliates or sponsoring organizations, if known?

Lane County, LaneCare, Senior & Disabled Services, PacificSource, McKenzie-Willamette Medical Center, Lane County Community Behavioral Health Consortium, PeaceHealth and Lipa representing the physician delivery system.

4. What is the Applicant's desired member capacity? If the Applicant desires to have no limit on capacity, so state.

Trillium would prefer no limit on capacity, including dual eligible members.

5. Does the Applicant, or an Affiliate or intended subcontractor of the Applicant, have a contract with the Oregon Health Authority as a Medicaid managed care organization (MCO)? If so, does Applicant expect that contract to be terminated immediately before the effective date of Applicants' CCO Contract?



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Lipa under common ownership with Trillium has a Medicaid contract with OHA. Lipa expects that contract to terminate immediately prior to the effective date of Trillium's CCO contract.

Lane County Health and Human Services has a contract with OHA to operate LaneCare, the Medicaid Mental Health Organization in Lane County. As an affiliate of the CCO, Lane County will terminate the contract with the State upon the effective date of the CCO contract.

6. Is the Applicant, or an Affiliate or intended subcontractor of the Applicant, licensed or expected to be licensed as an insurer (including health care service contractor) with the Oregon Insurance Division?

Trillium has a current Certificate of Authority issued by the Oregon Insurance Division of DCBS.

7. Does the Applicant, or an Affiliate or an intended subcontractor of the Applicant, have or expect to have a contract as a Medicare Advantage Plan with the Center for Medicare and Medicaid Services (CMS)?

Trillium has a current Medicare Advantage Plan contract with CMS and offers three Medicare Advantage Plans in addition to three Special Needs Plans.

8. Attachment 3 describes four possible Application timelines in 2012. Which due date does the Applicant elect for submitting its Technical and Financial Applications?
Choose one pair:

Technical/Cost Application dates:	April 30/May 14
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Medicaid Contract effective:	August 1, 2012
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9. Does the Applicant intend to submit a Medicare Notice of Intent to Apply to CMS? If so, please provide a copy to OHA.

See Attached H2587 Trillium Community Health Plan Notice of Intent to Apply.

The Applicant acknowledges that this Letter of Intent is non-binding, except that OHA will consider this Letter of Intent will remain in effect and OHA may rely on it until the Applicant



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changes or withdraws it in accordance with the RFA. The Applicant will submit its Technical and Financial Applications on the dates set forth in this Letter of Intent to Apply, unless Applicant submits to OHA changes to this Letter of Intent to Apply. The Applicant understands this Letter of Intent to Apply will be made public.

Terry Coplin, CEO

Electronic signature

Authorized representative of the Applicant (may be Applicant's sponsor if Applicant is not yet formed)

A handwritten signature in black ink, appearing to read "Terry Coplin".

RFA #3402

Trillium Community Health Plan/CCO RFA

Medicare Notice of Intent to Apply

Notice of Intent to Apply for Capitated Financial Alignment Demonstration Contracts

To ensure clear and timely communication with CMS, all organizations interested in offering Capitated Financial Alignment Demonstration plans starting in CY 2013 must notify CMS of their intent to apply to offer such a plan by completing this Notice of Intent to Apply (NOIA) form online.

1) Applicant Organization's Legal Entity Information

NOTE: Organizations must provide street addresses for the location of the Legal Entity. PO Boxes are not acceptable and CMS will only process NOIAs with a street address.

Legal Entity Name:

Street Address 1:

Street Address 2:

City, State ZIP

2) Select Parent Organization* from the pull down list provided in Web tool.

[Note that if there is no applicable parent organization in the pull down list provided in the Web tool, you must select "Other"]

***CMS considers a parent organization to be the legal entity that owns a controlling interest in a contracting organization. The parent organization is the "ultimate" parent, or the top entity in a hierarchy (which may include other parent organizations) of subsidiary organizations which is not itself a subsidiary of any corporation.**

If you selected other, please specify:

3) The legal entity identified above has Contract Year 2012 Medicare Part C or D contracts (with or without Employer Group Waiver Plans (EGWPs) or Special Needs Plans (SNPs)) with CMS as follows (check all that apply):

- MA-PD HMO/HMOPOS
- MA-PD Local PPO (LPPO)
- MA-PD Regional PPO (RPPO)
- MA-PD PSO
- MA-PD PFFS (with Part D)
- Medicare Advantage Only - PFFS
- Medicare Advantage Only - MSA
- 1876 Cost Plan with Part D
- 1876 Cost Plan no Part D
- PDP
- Employer/Union Direct PFFS with Part D
- Employer/Union Direct PFFS no Part D
- Employer Direct MA-PD LPPO
- Employer Direct PDP
- Other CMS contract: PACE
- Not Applicable - Legal Entity does not hold a 2012 Medicare Part C or Part D contract with CMS

4) The legal entity identified above has Contract Year 2012 Medicare Part C or D contracts that include Dual Eligible Special Needs Plans (D-SNPs):

- Yes
- No

5) [Complete only you selected "yes" for Question 4]

Approximately how many full dual eligible individuals do all of the SNP products offered by the legal entity identified above currently serve?

2930

6) The parent organization identified above has Contract Year 2012 Medicare Part C or D contracts that include Dual Eligible Special Needs Plans (D-SNPs):

- Yes
- No

8) Does the legal entity identified above offer Medicaid managed care products in any State?

- Yes
- No

10) Does the parent organization identified above offer Medicaid managed care products in any State?

- Yes
- No

11) [Complete only if you selected "yes" for Question 10]

Approximately how many full dual eligible individuals do the Medicaid managed care products operated by the parent organization identified above currently serve in all States in which that parent organization operates?

3155

12) Capitated Financial Alignment Demonstration Plan Contact Information

Salutation:	<input type="text"/>
First Name:	Shannon
Last Name:	Conley
Title:	Senior VP of Medicaid and Medicare Servi
Street Address 1:	1800 Millrace Drive
Street Address 2:	<input type="text"/>
City, State ZIP:	Eugene, Oregon 97403
Email:	sconley@trilliumchp.com
Direct Telephone Number (No Dashes):	541984244
	Format: 9999999999
Extension:	<input type="text"/>

13) Select the type of NEW contract product type for which your organization will apply (refer to section 30 of Chapter 1 of the Medicare Managed Care Manual, <https://www.cms.gov/manuals/downloads/mc86c01.pdf>, for definitions of the product types below). Check ONLY one; interested organizations must submit separate Notices of Intent to Apply for each demonstration contract product type. Note that legal entities with 2012 contracts with CMS will be issued a new contract ID for their demonstration plans.

- Medicare Advantage-Prescription Drug Plan Health Maintenance Organization (MA-PD HMO)/Medicare Advantage-Prescription Drug Health Maintenance Organization Point-of-Service (MA-PD HMOPOS)
- MA-PD Local Preferred Provider Organization (MA-PD LPPO)

14) Select the State for which your organization intends to submit an application. Check ONLY one; organizations must submit separate Notices of Intent to Apply for each State for which they intend to submit an application.

- Arizona
- California
- Delaware
- Florida
- Hawaii
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Massachusetts
- Michigan
- Minnesota
- New Mexico
- New York
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- Tennessee
- Texas
- Virginia
- Vermont
- Washington
- Wisconsin

15) Does your organization intend to use a Pharmacy Benefit Manager (PBM) with experience administering the Part D benefit?

- Yes

- No
- Undecided

16) [Complete only if you selected "yes" for Question 15]

What is the name of the PBM you intend to use to administer your Part D benefit under your demonstration plan?

CVS Caremark

17) **Does your organization intend to utilize a CY 2013 Part D formulary submitted for any other non-demonstration Medicare Part C or Part D contract**

- Yes
- No

NOTE: Once you click "Submit 'Notice of Intent to Apply' Responses Now" you will not be able to return to this specific Capitated Financial Alignment Demonstration Notice of Intent to Apply.

If your organization has additional Notices of Intent to Apply (for different product types and/or for different States), you must complete one Notice of Intent to Apply for each application.

If you need to submit notices for additional Capitated Financial Alignment Demonstration applications, after clicking the "Submit Notice of Intent to Apply" button, return to the NOIA online form by following the link in the memo announcing the NOIA, or copy and paste this link in your browser:

<http://vovici.com/wsb.dll/s/11dc4g4ddb7>

From: HPMS Web [hpms@cms.hhs.gov]
Sent: Friday, March 09, 2012 7:41 AM
To: Shannon Conley; Shannon Conley
Cc: MA Applications; Part D Account Manager; HPMS Helpdesk
Subject: H2587 - TRILLIUM COMMUNITY HEALTH PLAN - Receipt of a 2013 Capitated Financial Alignment Notice of Intent to Apply

To:
Shannon Conley
TRILLIUM COMMUNITY HEALTH PLAN
1800 Millrace Drive
Eugene, OR 97403

From:
Centers for Medicare & Medicaid Services
Center for Medicare/Division of Medicare Advantage Operations and
Division of Benefit Purchasing and Monitoring
Medicare-Medicaid Coordination Office

Date: 3/9/2012

Subject: Receipt of a 2013 Capitated Financial Alignment Notice of Intent to Apply

Message:

This email acknowledges CMS' receipt of the following electronic document:
-- Notice of Intent to Apply for the Capitated Financial Alignment Demonstration for Contract Year 2013.

You have been assigned a pending contract number H2587, which will be used to submit your plan selection information online in HPMS (the Health Plan Management System) and to identify your plan selection information documents in HPMS. Please be sure to include the pending contract number on all supporting documents you submit as part of your plan selection information.

Instructions for Obtaining CMS User ID and Password

IMPORTANT: You will need a CMS User ID and password to complete the 2013

Capitated Financial Alignment Demonstration plan selection process.

If you are an existing Medicare contractor/HPMS user and would like to connect a pending contract number to current CMS User IDs, include the following information in an email to hpms_access@cms.hhs.gov:

1. User Name(s)
2. CMS User ID(s)
3. Current Contract Number(s)
4. Pending Contract Number(s)

Otherwise, complete the CMS User ID application by clicking on the following link: <https://www.cms.gov/InformationSecurity/Downloads/EUAAccessform.pdf>. Be sure to indicate, where asked, all contract numbers that must be affiliated with the CMS User ID.

Completed CMS User ID forms should be returned to CMS within two days of receipt of this email and no later than April 9, 2012 to ensure timely processing.

Return completed CMS User ID forms to:

CMS
7500 Security Blvd
Mailstop C4-14-21
Baltimore, MD 21244
Attn: Lori Robinson

CMS will provide you with additional technical instructions on accessing HPMS, including its website address, once your User ID has been processed.

Questions

Please contact ma_applications@cms.hhs.gov with any questions related to non-Part D plan selection issues.

Please contact Linda Anders (410-786-0459 or Linda.Anders@cms.hhs.gov) with any questions related to the content of the Part D applications.

Please contact Greg Buglio (410-786-6562 or Gregory.Buglio@cms.hhs.gov) with any questions related to the HPMS application process.

Please send an email to hpms_access@cms.hhs.gov for questions related to HPMS user access.