



WARM SPRINGS HEALTH AND  
WELLNESS CENTER  
INDIAN HEALTH SERVICE  
1270 KOTNUM ROAD  
P.O. BOX 1209  
WARM SPRINGS, OREGON 97761

Oregon Health Authority  
State of Oregon  
Salem, Oregon

Dear Sirs:

This letter is to inform you of the Indian Health Service, Warm Springs Health and Wellness Center's intent to apply for Coordinated Care Organization status.

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

Warm Springs Health and Wellness, DHHS,IHS, Warm Springs Service Unit  
1270 KotNum Road, P.O. Box 1209, Warm Springs, Oregon 97761  
Key Contact: Deborah Jackson-Alvarez

What is the Applicant's desired service area by county or zip code? 97761

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

Confederated Tribes of Warm Springs

What is the Applicant's desired member capacity? Unlimited

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)? No

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? No

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)? No

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** August 1/August 8

**Application dates:**

**Medicaid Contract** November 1, 2012  
**effective:**

Does the Applicant intend to submit a Medicare Notice of Intent to Apply to CMS? No

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 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.

A handwritten signature in cursive script, reading "Carol A. Prevost", written over a horizontal line.

Carol Prevost, CEO

Warm Springs Health and Wellness

DHHS, IHS, Warm Springs Service Unit