



**cascade comprehensive care, inc.**

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

**Amended Letter of Intent**

**April 6, 2012**

**Dear Ms. Hearst,**

**Cascade Health Alliance wishes to amend its original Letter of Intent to reflect a change in its desired service area. Please see Question 2 for requested changes.**

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

**Cascade Health Alliance, LLC (CHA)  
2909 Daggett Ave, Suite 225  
Klamath Falls, OR 97601**

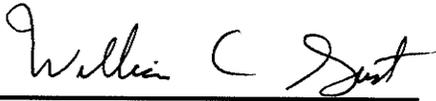
**Kathy Pence, RN  
Director of Operations**

2. What is the Applicant's desired service area by county or zip code?  
**Cascade Health Alliance requests all of Klamath County excluding the northern zip codes (97425, 97733, 97737, 97731, 97739). We request a maximum capacity limit at this time for 10,600.**
3. Who are the Applicant's key potential Affiliates or sponsoring organizations, if known?  
**Cascade Comprehensive Care**
4. What is the Applicant's desired member capacity? If the Applicant desires to have no limit on capacity, so state. **10,600**
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)? **YES** If so, does Applicant expect that contract to be terminated immediately before the effective date of Applicant's CCO Contract? **Yes, based on the guidance provided by the Oregon Health Authority.**
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? **No, not at this time.**

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) No. **However, the applicant has an affiliation with ATRIO Health Plans Inc., that has a Medicare Advantage Contract in our county.**
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: **April 30/May 14, with contract effective August 1, 2012.**

Technical/Cost Application dates:	<u>April 30/May 14</u>	June 4/June 11	July 2/July 9	August 1/August 8
Medicaid Contract effective:	<u>August 1, 2012</u>	September 1, 2012	October 1, 2012	November 1, 2012

9. Does the Applicant intend to submit a Medicare Notice of Intent to Apply to CMS?  
**YES.** If so, please provide a copy to OHA. **See attached copy.**

**X** 

William Guest, III  
Chief Executive Officer

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.