



April 2, 2012

Oregon Health Authority
500 Summer Street NE
Salem, OR 97301

**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?
Eastern Oregon CCO Collaborative, Hermiston, Oregon 97838
Key contact person: Dennis E. Burke, President/CEO, Good Shepherd Health Care System, (541) 667-3409
610 NW 11th, Hermiston, OR 97838.
2. What is the Applicant’s desired service area by county or zip code? *Please see chart below outlining the desired service area by county and desired member capacity including the capacity for dual eligible individuals:*

EASTERN OREGON CCO COLLABORATIVE

<i>Service Area</i>	<i>Member Capacity (Including Dual Eligibles)</i>
Baker	No limit
Gilliam	No limit
Grant	No limit
Harney	No limit
Lake	No limit
Malheur	No limit
Morrow	No limit
Sherman	No limit
Umatilla	No limit
Union	No limit
Wallowa	No limit
Wheeler	No limit

3. Who are the Applicant’s key potential Affiliates or sponsoring organizations, if known? ***Key affiliates are rural hospitals & clinics serving the above counties in Eastern Oregon (see attached letters of support).***
4. What is the Applicant’s desired member capacity? If the Applicant desires to have no limit on capacity, so state. ***We have no limits on member capacity at this time.***

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 Applicant's CCO Contract? **No**

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? **We intend to contract with a third party for claims administration and may reinsure for aggregate and specific stop loss (with a licensed insurer) to moderate risk.**

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**

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: **August 1/August 8.**

However, this is a collaborative among Eastern Oregon rural hospitals. Because of the numbers of facilities involved, their geographic dispersion and the smaller population bases, this organization will most likely require technical assistance to guide its development. We will need, and respectfully request, additional time (until at least November 1, 2012) to prepare and submit the Technical and Financial Applications.

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

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.



Electronic signature

Authorized representative of the Applicant



Saint Alphonsus Medical Center

BAKER CITY

April 2, 2012

Tammy Hurst, Contract Specialist
Office of Contracts and Procurement
250 Winter Street NE, 3rd Floor
Salem, Oregon 97301

RE: Non-binding Letter of Endorsement for Good Shepherd Medical Center/Eastern Oregon
CCO Collaborative

Dear Tammy L Hurst, Contract Specialist;

As the CEO of Saint Alphonsus Medical Center-Baker City, I understand the Oregon Health Transformation has become law and recognize that the creation of Coordinated Care Organization (CCOs) is part of the transformation process. In addition, I acknowledge that working on the potential for more than one CCO to serve eastern Oregon may be necessary.

However, I do have trepidation and concern about unintended consequences that could result due to the aggressive timeline identified for the CCO development. I do acknowledge that Good Shepherd Medical Center has taken the lead in the development of this non-binding Letter of Intent (LOI) for an eastern Oregon CCO.

Although many details are left to be determined, my signature below endorses the concept of an Eastern Oregon CCO Collaborative. This exploration likely will involve the creation of a new partnership governance entity.

Sincerely,

Ray Gibbons,
Saint Alphonsus Medical Center-Baker City

April 2, 2012

Tammy Hurst, Contract Specialist
Office of Contracts and Procurement
250 Winter Street NE, 3rd Floor
Salem, OR 97301

RE: LETTER OF SUPPORT FOR THE CREATION OF THE EASTERN OREGON CCO COLLABORATIVE

Dear Ms. Hurst,

In response to Oregon's transformational health law creating Coordinated Care Organizations (CCOs), Good Shepherd Health Care System is filing a Letter of Intent on behalf of a significant number of Eastern Oregon's rural hospitals to form a CCO serving our populations.

When the Eastern Oregon CCO Collaborative is formed, the CCO may have different headquarters and contacts.

We would also request that you accept this letter as Good Shepherd Health Care System's letter of support in favor of the Eastern Oregon CCO Collaborative. We are guardedly optimistic that, with appropriate structure and development, Oregon's rural areas may also contribute to improving coordination, quality and efficiency of the care we deliver.

We are very concerned, however, with the extremely tight deadlines that the State of Oregon has established. Considering the numbers of organizations involved, our geographical dispersion and the small population bases that we serve, putting our CCO together will take time. We will need the OHA's consideration to extend the time to prepare our technical and financial applications. We will also need technical assistance to accomplish this task. We feel that an extension to November 1, 2012 should allow time to develop our technical and financial applications.

We thank you in advance for your consideration of our requests.

Sincerely,



Dennis E. Burke
President/CEO

DB/sm



April 2, 2012

RE: Non-binding Letter of Endorsement for Good Shepherd Hospital CCO (dba Eastern Oregon CCO Collaborative)

Dear Tammy L Hurst, Contract Specialist:

Please accept this letter of support from Grande Ronde Hospital, Inc. for the creation of the Eastern Oregon CCO Collaborative sponsored by Good Shepherd Hospital, who will be filing a CCO Letter of Intent today.

A partnership between multiple rural hospitals, physicians and other Medicaid providers in Eastern Oregon is necessary to amass enough Medicaid enrollees for a CCO to be actuarially sound. We believe that the Eastern Oregon CCO Collaborative has that unique potential.

However, Grande Ronde Hospital is very concerned about the aggressive timeline identified for CCO development and we strongly urge you to delay the process a few months or make a deadline exception for rural Oregon. The logistics of coordinating multiple providers spread over large distances is daunting.

Sincerely,

James A. Mattes
President/CEO

Sheri Lynn Miller

From: Bob Houser [bmhadm@centurytel.net]
Sent: Monday, April 02, 2012 7:15 AM
To: Dennis Burke
Subject: support

TO WHOM IT MAY CONCERN:

RE:Non binding Letter of Endorsement for the Eastern Oregon CCO Collaborative of hospitals and health systems in Eastern Oregon.

As one of the CEO's of a Eastern Oregon Type A, Critical Access Hospital, I, along with my colleauges, support Dennis Burke in his efforts to ask for additional waivers in date submission of materials for the Eastern Oregon CCO Collaborative of Hospitals/Health Systems. We believe that Eastern Oregon hospitals have the best answer in setting up and delivering quality, cost effective health care to the people we serve of this area.

I would urge the state of Oregon to grant this collaborative flexibility in extending the dates for submission of materials requested for the formation of this CCO as we work together on gaining partners for this project. As progress is made, it would be our intent to update OHA on our progress.

Sincerely;
Bob Houser, CEO, FACHE
Blue Mountain Hospital
John Day, OR. 97845



**Saint Alphonsus
Medical Center**

ONTARIO

April 2, 2012

Tammy Hurst, Contract Specialist
Office of Contracts and Procurement
250 Winter Street NE, 3rd Floor
Salem, OR 97301

RE: Non-binding Letter of Support for Good Shepherd Medical Center for Non-binding LOI to create the Eastern Oregon CCO Collaborative

Dear Tammy L. Hurst, Contract Specialist;

I understand that Oregon Health Transformation has become law and recognize that the creation of Coordinated Care Organization (CCOs) are part of the transformation process. This exploration likely will involve the creation of a new partnership governance entity. The creation of at least one CCO to serve eastern Oregon is necessary.

Although many details are left to be determined, I endorse the concept of partnerships and willing to pursue the Eastern Oregon CCO collaborative further.

However, I do have trepidation and concern about unintended consequences that could result due to the aggressive timeline identified for the CCO development. My request is that we extend the timeline which would be possible and still meet Federal guidelines.

I support Good Shepherd Medical Center's Non-binding LOI to explore the Eastern Oregon CCO Collaborative.

Sincerely,

Richard L. Palagi, CEO

St. Anthony Hospital

A mission to heal, a promise to care.

1601 SE Court Avenue
Pendleton, OR 97801
(541) 276-5121

March 30, 2012

Tammy Hurst, Contract Specialist
Office of Contracts and Procurement
250 Winter Street NE, 3rd Floor
Salem, OR 97301

RE: Non-binding Letter of Endorsement for "Eastern Oregon CCO Collaborative" Non-binding LOI for Eastern Oregon CCO

Dear Tammy L. Hurst, Contract Specialist:

I understand that the Oregon Health Transformation has become law and recognize that the creation of Coordinated Care Organizations (CCOs) are part of the transformation process. In addition, I acknowledge that the creation of at least one CCO to serve Eastern Oregon is necessary.

I do, however, have trepidation and concern about the unintended consequences that could result due to the aggressive timeline identified for the CCO development. I understand that there is an opportunity for the Eastern Oregon hospitals to come together and submit a non-binding Letter of Intent (LOI) for an Eastern Oregon CCO.

Although many details are left to be determined, my signature below endorses the concept of a partnership among the identified hospitals, the "Eastern Oregon CCO Collaborative" and Greater Oregon Behavioral Health, Inc. (GOBHI) and am willing to pursue the Eastern Oregon CCO concept further.

Sincerely,



Jim L. Schlenker
Interim President and CEO
St. Anthony Hospital
Pendleton, OR



**Lake District Hospital
Long Term Care
Home Health & Hospice**

April 9, 2012

Tammy Hurst, Contract Specialist
Office of Contracts and Procurement
250 Winter Street NE, 3rd Floor
Salem, Oregon 97301

RE: Non-binding Letter of Endorsement / Support for Good Shepard Hospital's CCO Application (dba Eastern Oregon CCO Collaborative)

Dear Tammy Hurst:

Please accept this letter from Lake District Hospital's CEO in support of the above application. Eastern Oregon health care facilities believe that we will best serve the residents of our individual rural communities through collaborative effort in developing a CCO. Due to the relatively low population density of Eastern Oregon collaborating with others is a necessity. Local Hospitals and Health Systems can provide a focal point for collaboration in individual communities.

To be effective this vision requires an incredible amount of communication at both a local and broad regional level requiring flexibility and an extension of time to form a CCO. Your help in extending dates for submission of necessary materials will be greatly appreciated. It is our intent to keep you informed of our progress.

Sincerely,

Gordon Ensley, CEO
Lake District Hospital
Lakeview, OR 97630

"To care for our community with respect and compassion through excellence and teamwork"

Phone: 541-947-2114 • 700 South J Street • Lakeview, Oregon • 97630

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: Eastern Oregon CCO Collaborative
 Street Address 1: 610 NW 11th
 Street Address 2:
 City, State ZIP Hermiston, OR 97838

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.**

Other (please specify)

If you selected other, please specify:
 The Eastern Oregon CCO Collaborative is a j

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

[Next Page](#)

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Notice of Intent to Apply for Capitated Financial Alignment Demonstration Contracts

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

[Previous Page](#)

[Next Page](#)

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Notice of Intent to Apply for Capitated Financial Alignment Demonstration Contracts

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

- Yes
- No

[Previous Page](#)

[Next Page](#)

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Notice of Intent to Apply for Capitated Financial Alignment Demonstration Contracts

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

Yes

No

[Previous Page](#)

[Next Page](#)

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Notice of Intent to Apply for Capitated Financial Alignment Demonstration Contracts

12) Capitated Financial Alignment Demonstration Plan Contact Information

Salutation:	Mr.
First Name:	Dennis
Last Name:	Burke
Title:	President/CEO, GSHCS
Street Address 1:	610 NW 11th
Street Address 2:	
City, State ZIP:	Hermiston, OR 97838
Email:	dennisb@gshealth.org
Direct Telephone Number (No Dashes):	5416673408
Extension:	Format: 9999999999

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.**

- California
- Hawaii
- Illinois
- Kansas
- Massachusetts
- Michigan
- Minnesota
- Ohio

- Oregon
- Pennsylvania
- Tennessee
- Washington
- Wisconsin

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

- Yes
- No
- Undecided

[Previous Page](#)

[Next Page](#)

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Notice of Intent to Apply for Capitated Financial Alignment Demonstration Contracts

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/11dc4q4ddb7>

Thank you for your submission.

[Previous Page](#)

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