



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?
Good Shepherd Health Care System, Hermiston, Oregon 97838
Key contact person: Dennis E. Burke, President/CEO, (541) 667-3409 610 NW 11th Hermiston, OR 97838
2. What is the Applicant's desired service area by county or zip code? ***Umatilla and Morrow Counties, Oregon***
3. Who are the Applicant's key potential Affiliates or sponsoring organizations, if known? ***Unknown at this time.***
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***
9. Does the Applicant intend to submit a Medicare Notice of Intent to Apply to CMS? If so, please provide a copy to OHA. ***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 black ink, appearing to read "Donald E. Burke". The signature is stylized and cursive.

Electronic signature
Authorized representative of the Applicant