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

CareOregon Tri-County Coordinated Care Organization

As the Oregon Health Authority is aware, CareOregon has been an active participant in the Tri-County Medicaid Collaborative's work. We continue to support the TCMC's work as well as any application filed by the Collaborative. CareOregon will defer to the Collaborative, and withdraw this LOI when the TCMC is successful in being certified as a CCO in an earlier application wave.

1. Applicant's legal name is CareOregon, Inc., which is located at 315 SW 5th Ave, Suite 900, Portland, OR 97204.

   Contact: Patrick Curran
   CareOregon
   503.416.1421
   curranp@careoregon.org

2. The desired service area for the CareOregon CCO is all of Clackamas, Multnomah and Washington Counties, Oregon.
3. CareOregon, Inc. is the sponsoring entity. Other potential Affiliates are yet to be determined.
4. CareOregon, Inc. desires to have no limit on member capacity.
5. At this time, CareOregon. has a contract with the Oregon Health Authority as Medicaid managed care organization. CareOregon expects that the current contract will terminate, as it applies to the Clackamas, Multnomah, and Washington Counties service areas only, immediately before the effective date of the CareOregon, Inc.'s CCO contract.
6. CareOregon is not currently licensed as an insurer with the Oregon Insurance Division.
7. CareOregon has a contract as a Medicare Advantage Plans with the Center for Medicare and Medicaid Services.
8. If, and only if, the Tri-County Medicaid Collaborative's CCO is unsuccessful in its certification application or executing its contract with the OHA, CareOregon intends to submit its technical application on July 2, 2012 and its financial application on July 9, 2012.
9. CareOregon intends to submit a Medicare Notice of Intent to Apply to CMS (see page 2 of this LOI).

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.

Sincerely,

David E. Ford, CEO

From: HPMS Web [mailto:hpms@cms.hhs.gov]
Sent: Friday, March 30, 2012 2:49 PM
To: Patrick Curran; Patrick Curran
Cc: MA Applications; Part D Account Manager; HPMS Helpdesk
Subject: H5871 - HEALTH PLAN OF CAREOREGON - Receipt of a 2013 Capitated Financial Alignment Notice of Intent to Apply

To:

Patrick Curran
HEALTH PLAN OF CAREOREGON
315 SW Fifth Avenue
Portland, OR 97204

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: 3/30/2012

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 H5871, 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.