THE ODS COMPANIES
FOR INSURANCE & BUSINESS SERVICES

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?

   ODS Community Health, Inc. (ODS) is the legal entity that will apply to become a CCO. ODS Community Health, Inc is a wholly owned subsidiary of ODS Health Plan, Inc. ODS headquarters are located in Portland, Oregon. The key contact person for this RFA is:

   Sean Jessup, Manager Medicaid Programs

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

   Please see the chart below outlining the desired service area by region, county and desired member capacity including the capacity for dual eligible individuals.

Jackson County CCO

Service Area	Member Capacity (Including Dual Eligibles)
Jackson	No Limit

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

   At this time we are engaging a number of potential affiliates located within each of these communities. However, due to the timeline of this RFA we are not able to confirm all potential affiliates at this time.

   The known affiliates include:

   - ODS Community Health. Inc. has served as a Fully-Capitated Health Plan for over six years and currently operates in eight counties including Jackson County.
   - ODS Health Plan, Inc. is a Medicare Advantage (MA) plan serving all counties in Oregon on a community basis and offers an employer plan through Oregon PERS. This experience will be critical in obtaining the three-way contract between ODS

Oregon Dental Service Dental Insurance
–
ODS Health Plan, Inc. Medical Insurance
–
The ODS Companies
ODS Tower
P.O. Box 40384
Portland, OR 97240.0384
Phone: 503.228.6554
www.odscompanies.com

Community Health, Inc., the Oregon Health Authority and Centers for Medicare and Medicaid Services (CMS).

4. What is the Applicant's desired member capacity? If the Applicant desires to have no limit on capacity, so state.

   ODS desires to have no limit on capacity in the proposed service area and county.

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?

   Yes, ODS Community Health, Inc has existing MCO contracts with the Oregon Health Authority (OHA) to operate as a Fully Capitated Health Plan (FCHP) under contract #132346 and a Dental Care Organization (DCO) under contract #132356. We do expect that our existing FCHP contact will terminate immediately before the effective date of the CCO contract.

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?

   ODS Community Health, Inc is a wholly owned subsidiary of ODS Health Plan, Inc. ODS Health Plan, Inc currently holds an Insurer's Certificate of Authority with the State of Oregon.

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)?

   ODS Health Plan, Inc currently holds two contracts with CMS under contract numbers H3813 and S5975. Under contract H3813 we offer Medicare Advantage Preferred Provider Organization (PPO) plans in the community and also offer a Medicare Advantage plan to Oregon PERS (Public Employees Retirement System) retirees eligible for Medicare. The service area for this plan is the entire State of Oregon.

   ODS is currently the only statewide Medicare Advantage PPO operating in all counties in Oregon. Under contract S5975 we provide Part D

pharmacy coverage to PERS retirees eligible for Medicare. The service area for this plan is the entire United States.

Contract Number	Enrollment	Service Area
H3813	7,269	Oregon
S5975	37,859	National

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:

Technical/Cost Application dates:	**April 30/May 14**
Medicaid Contract effective:	August 1, 2012

ODS expects to submit an initial technical application by April 30, 2012 and a financial application by May 14, 2012.

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

As requested we have included a copy of our Medicare Notice of Intent to Apply for Capitated Financial Alignment Demonstration Contracts.

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,

Robin J Richardson, Senior Vice President
ODS Community Health Inc.

-----Original Message-----
From: HPMS Web [mailto:hpms@cms.hhs.gov]
Sent: Wednesday, March 28, 2012 1:24 PM
To: Sean Jessup; Sean Jessup
Cc: MA Applications; Part D Account Manager; HPMS Helpdesk
Subject: H8487 - ODS COMMUNITY HEALTH, INC. - Receipt of a 2013 Capitated Financial Alignment Notice of Intent to Apply

To:

Sean Jessup
ODS COMMUNITY HEALTH, INC.
601 SW 2nd Ave
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: 3/28/2012

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 H8487, 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.