

March 30, 2012

To whom it may concern:

InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization (IHN-CCO) submits this Letter of Intent to apply as a CCO in response to Request for Application #3402.

Legal Entity Name:
InterCommunity Health Plans
3600 NW Samaritan Dr.
Corvallis, OR 97330

Contact person:
Kim Whitley, MPA
kwhitley@samhealth.org

IHN-CCO wishes to serve members in Benton, Lincoln and Linn counties, Oregon.

IHN-CCO is currently made up of the following Affiliates and sponsoring organizations: Samaritan Health Plans, Samaritan Health Services, InterCommunity Health Plans, Benton County, Lincoln County, Linn County, Accountable Behavioral Health Alliance, Mid Valley Behavioral Care Network, Oregon Cascades West Council of Governments, Capitol Dental Care.

IHN CCO is requesting 100% of the Medicaid and dual-eligible Medicare members in Benton, Lincoln and Linn counties, Oregon.

IHN-CCO currently includes three MCOs with OHA contracts:
Fully Capitated Health Plan (FCHP): InterCommunity Health Plans dba InterCommunity Health Network is currently contracted as a FCHP in Benton, Lincoln, Linn and Tillamook counties with the State of Oregon and has served Medicaid clients since the 1994.

Mental Health Organizations (MHOs): Accountable Behavioral Health Alliance (ABHA) and Mid Valley Behavioral Care Network (MVBCN). ABHA is currently contracted as a MHO in Benton and Lincoln counties with the State of Oregon and has also served Medicaid clients since 1997. MVBCN is currently contracted as a MHO in Linn, Marion, Polk, Tillamook and Yamhill counties with the State of Oregon and has served Medicaid clients since 1997.

IHN-CCO expects the FCHP and MHO contracts to be terminated immediately before the effective date of the CCO Contract, August 1, 2012, with the exception of the FCHP contract currently in Tillamook county and the MVBCN contracts outside the IHN-CCO service area of Benton, Lincoln and Linn counties.

InterCommunity Health Plans is currently a health care contractor and not a licensed insurer. Our affiliate, Samaritan Health Plans, is licensed as a health care services contractor with the Oregon Insurance Division.

Samaritan Health Plans, our affiliate, maintains a Medicare Advantage contract with the Center for Medicare and Medicaid Services (CMS) for Benton, Lincoln and Linn counties, Oregon. This contract has been in effect since 2005 and includes contracting with Medicare as a Special Needs Plans currently in Benton and Linn counties, with federal approval to expand into Lincoln county effective January 1, 2013.

InterCommunity Health Network Coordinated Care Organization (IHN-CCO) is electing the first-round dates of April 30, 2012 and May 14, 2012 to submit the Technical and Financial Application, respectively

IHN-CCO's affiliate, Samaritan Health Plans, submitted a Notice of Intent to Apply to CMS on February 22, 2012. See below for verification.

On behalf of IHN-CCO, I acknowledge 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 I change or withdrawal it in accordance with the RFA. IHN-CCO will submit the Technical and Financial Applications on the dates set forth in this Letter of Intent to Apply, unless I submit to OHA changes to this Letter of Intent to Apply. I understand this Letter of Intent to Apply will be made public.

Sincerely,

A handwritten signature in black ink that reads "Kelley Kaiser". The signature is written in a cursive, flowing style.

Kelley C. Kaiser, CEO

InterCommunity Health Plans

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:

Street Address 1:

Street Address 2:

City, State ZIP

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.

If you selected other, please specify:

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

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5) [Complete only you selected "yes" for Question 4]

Approximately how many full dual eligible individuals do all of the SNP products offered by the legal entity identified above currently serve?

1518

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

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

Yes

No

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

Yes

No

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11) [Complete only if you selected "yes" for Question 10]

Approximately how many full dual eligible individuals do the Medicaid managed care products operated by the parent organization identified above currently serve in all States in which that parent organization operates?

1518

12) Capitated Financial Alignment Demonstration Plan Contact Information

Salutation:	<input type="text" value="Ms."/>
First Name:	<input type="text" value="Kim"/>
Last Name:	<input type="text" value="Whitley"/>
Title:	<input type="text" value="Cheif Operating Officer"/>
Street Address 1:	<input type="text" value="815 NW 9th St"/>
Street Address 2:	<input type="text" value="Suite 101"/>
City, State ZIP:	<input type="text" value="Corvallis, OR 97330"/>
Email:	<input type="text" value="kwhitley@samhealth.org"/>
Direct Telephone Number (No Dashes):	<input type="text" value="5417685328"/>
	Format: 9999999999
Extension:	<input type="text"/>

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.

- Arizona
- California
- Delaware
- Florida
- Hawaii
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Massachusetts
- Michigan
- Minnesota
- New Mexico
- New York
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- Tennessee
- Texas
- Virginia
- Vermont
- Washington
- Wisconsin

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

- Yes
- No
- Undecided

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16) [Complete only if you selected "yes" for Question 15]

What is the name of the PBM you intend to use to administer your Part D benefit under your demonstration plan?

EnVision RxOptions

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/11dc4g4ddb7>

Thank you for your submission.

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[Submit Survey](#)

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Your Survey Has Been Accepted!

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Senior Vice President of a
major eCommerce Website

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