

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

Jackson County Coordinated Care Organization

1. Applicant's intended legal name is Jackson County Coordinated Care Organization (JCCCO), which will be located in Medford, Oregon. This name may change upon incorporation. The Applicant will notify the Oregon Health Authority and amend this LOI in the event of a name change.

Contact: Patrick Curran
CareOregon
503.416.1421
curranp@careoregon.org

2. The desired service area for JCCCO is all of Jackson County, Oregon.
3. The key Affiliates associated with this entity's application are CareOregon, Inc., ODS Community Health, Inc., Asante Health System, and Providence Medford Medical Center.
4. As JCCCO is collaborating with all major delivery systems in the region, JCCCO desires to have no limit on member capacity.
5. CareOregon and ODS have contracts with the Oregon Health Authority as Medicaid managed care organizations. Both CareOregon and ODS expect that the current contracts will terminate, as they apply to the Jackson County service areas only, immediately before the effective date of the JCCCO's CCO contract.
6. ODS Health Plan, Inc. is currently licensed as an insurer with the Oregon Insurance Division.
7. CareOregon and ODS have contracts as Medicare Advantage Plans with the Center for Medicare and Medicaid Services.
8. JCCCO intends to submit its technical application on April 30, 2012 and its financial application on May 14, 2012.
9. CareOregon and ODS intend 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, CareOregon
Robin Richardson, ODS
Tom Hanenburg, Providence Medford Medical Center
Roy Vinyard, Asante Health System

From: HPMS Web [mailto:hpms@cms.hhs.gov]

Sent: Monday, April 02, 2012 9:28 AM

To: Patrick Curran; Patrick Curran

Cc: MA Applications; Part D Account Manager; HPMS Helpdesk

Subject: H2472 - JACKSON COUNTY COORDINATED CARE ORGANIZATION - Receipt of a 2013 Capitated Financial Alignment Notice of Intent to Apply

To:

Patrick Curran
JACKSON COUNTY COORDINATED CARE ORGANIZATION
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: 4/2/2012

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 H2472, 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.