

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

**Umatilla-Morrow CCO**

CareOregon has been working closely with ODS on this and other CCO models in other regions. We defer to ODS' work in the Umatilla-Morrow region, and will withdraw this LOI if their CCO application is certified in an earlier application wave.

1. Applicant's intended legal name is Umatilla-Morrow CCO, which will be headquartered in Pendleton, Oregon. This name may change upon incorporation.

Contact: Patrick Curran  
CareOregon  
503.416.1421  
[curranp@careoregon.org](mailto:curranp@careoregon.org)

2. The desired service area includes all of Umatilla and Morrow Counties.
3. The sponsoring entity is CareOregon, Inc.
4. Umatilla-Morrow CCO desires to have no limit on member capacity.
5. CareOregon has a contract with the Oregon Health Authority as Medicaid managed care organizations. CareOregon expects that its current contracts will terminate, as it applies to the Umatilla and Morrow County service areas only, immediately before the effective date of the Umatilla-Morrow CCO contract.
6. CareOregon is not licensed as an insurer with the Oregon Insurance Division.
7. CareOregon has a contract as Medicare Advantage Plans with the Center for Medicare and Medicaid Services.
8. Umatilla-Morrow CCO intends to submit its technical application on July 2, 2012 and its financial application on July 9, 2012.
9. CareOregon submitted 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

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](mailto: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](mailto: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](mailto: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](mailto:Gregory.Buglio@cms.hhs.gov)) with any questions related to the HPMS application process.

Please send an email to [hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov) for questions related to HPMS user access.