

*Mid Rogue*  
**Independent Physician**

A S S O C I A T I O N

*"Physicians working together to provide quality, cost-effective health care to our community."*

March 30, 2012

RE: CCO Letter of Intent to Apply RFA#3402

1. What is Applicant's legal entity name, Oregon headquarters location and key contact person?

Mid Rogue Independent Physician Association, Inc.,  
740 S.E. 7<sup>th</sup> Street  
Grants Pass, OR 97526  
Douglas L. Flow, Ph.D,CEO  
541 471-4106

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

Jackson-97501, 97502, 97503, 97504, 97520, 97522, 97524, 97525, 97530,  
97535, 97536, 97537, 97539, 97540, 97541

Josephine-97544, 97543, 97538, 97534, 97533, 97532, 97531, 97527, 97526,  
97523, 97497, 97528

Curry-97406, 97415, 97444, 97450, 97464, 97465, 97476, 97491

Douglas-97410, 97442

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

Mid Rogue IPA Holding Company, Inc.  
Mid Rogue Health Plan, Inc.  
Mid Rogue Management Services Organization, LLC  
Mid Rogue eHealth Services, LLC

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

Applicant welcomes, and can accommodate all  
Medicaid enrollees in the desired service area defined at 2 above (which  
corresponds with its current MCO service area).



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 the applicant expect that contract to be terminated immediately before the effective date of the Applicant's CCO Contract?

Applicant currently holds an MCO contract with the Oregon Health Authority as a Fully Capitated Health Plan and has, directly and through its Affiliates, been an Oregon Health Plan contractor since 1996. Applicant wishes to maintain the MCO contract for the purpose of providing necessary options to the dual eligible members pending CMS and OHA decisions on how to handle those enrollees between the MA plans and the Medicare demonstration project (Three way 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?

Mid Rogue Health Plan, Inc., Applicant's Affiliate, is, and has been since 2004, directly and through its Affiliates, licensed with the Oregon Insurance Division to transact health insurance in 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)?

Mid Rogue Health Plan, Inc., Applicant's Affiliate, has a Medicare Advantage Plan contract (Parts C and D and Special Needs) with CMS.

8. Which due dates does the Applicant elect for submitting its Technical and Financial Applications?

The Technical Application will be submitted no later than April 30, 2012 and the Financial Application will be submitted no later than 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

Applicant intends to submit the attached Medicare Notice of Intent to Apply to CMS no later than April 2, 2012.

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 ore 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.



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Signature

# 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:	Mid Rogue Health Plan, Inc.
Street Address 1:	740 SE 7th Street
Street Address 2:	
City, State ZIP	Grants Pass, OR 97526

## 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.**

Other (please specify)

If you selected other, please specify:

Mid Rogue Independent Physician Associatic

## 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?**

700

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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7) [Complete only you selected "yes" for Question 6]

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

700

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

- Yes  
 No

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9) [Complete only if you selected "yes" for Question 8]

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

23,000

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?

1600

12) **Capitated Financial Alignment Demonstration Plan Contact Information**

Salutation:	
First Name:	Freddy
Last Name:	Sennhauser
Title:	Mkt. Director
Street Address 1:	740 SE 7th Street
Street Address 2:	
City, State ZIP:	Grants Pass,OR 97526
Email:	freddy@mripa.org
Direct Telephone Number (No Dashes):	5414714106 Format: 9999999999
Extension:	1106

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?**

MedImpact

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>

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**Thank you for your submission.**

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Senior Vice President of a  
major eCommerce Website

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