RFA.FormalQuestions@state.or.us

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw, & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispell Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

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Suite 300
Portland, OR 97201
Phone: (503) 228-4185
Fax: (503) 228-8182
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April 2, 2012

Tammy L. Hurst, Contract Specialist
Office of Contracts and Procurement
250 Winter Street NE, 3rd Floor
Salem, OR 97301

The Northwest Portland Area Indian Health Board (NPAIHB) is a Public Law 93-638 Tribal organization that represents health care issues of forty-three federally-recognized Tribes in the states of Idaho, Oregon, and Washington.[1]

On behalf of the nine Oregon Tribes that the Board represents, we are filing this letter of intent for the NPAIHB, or its member Tribes, or a consortium of the parties to this LOI to be considered to become a Coordinated Care Organization. The Native America Rehabilitation Association (NARA) has also agreed to be party to this letter of intent. The following apply the questions issued in the instruction for the letter of intent:

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

   NW Portland Area Indian Health Board
   2121 S.W. Broadway, Suite 300
   Portland, OR 97201
   Phone: (503) 228-4185
   Jim Roberts, Policy Analyst

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

   The service area of Nine Federally-recognized Tribes in the State of Oregon. Specifically each Tribe's Contract Health Service Delivery Area (CHSDA) listed in the Federal Register. (See **Federal Register** / Vol. 72, No. 119 / Thursday, June 21, 2007).

[1] A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities."

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

   - Burns Paiute Tribe
   - Coos, Siuslaw and Lower Umpqua Tribes
   - Coquille Tribe
   - Cow Creek Band of Umpqua
   - Grand Ronde Tribes
   - Klamath Tribes
   - Siletz Tribes
   - Umatilla Tribes
   - Warm Springs Tribes

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

   The member capacity would be the estimated 50,000 service population receiving health care within the Indian Health Services' Contract Health Service Delivery 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 Applicant expect that contract to be terminated immediately before the effective date of Applicant's CCO Contract?

   No Contract with OHA.

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?

   We are not sure about the status of NPAIHB registering or licensing with the Oregon Insurance Division. A separate entity may be established.

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)?

   We do not expect to contract as a Medicare Advantage Plan.

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:

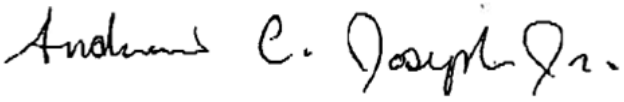
   November 2012.

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

   We do not intend to file with CMS.

   If you should have any questions relating to this letter of intent, please do not hesitate to contact me at (503) 228-4185.

   Thank you,



   Andrew Joseph, Jr.,
   Chairperson of the Board