Providence Health Plans
P.O. Box 4327
Portland, OR 97208-4327
www.providence.org/healthplans

April 2, 2012

Providence continues to be committed to the Tri County collaborative Coordinated Care Organization. We believe that the metro region will benefit the most if we can collaborate and work together, making this the best option for Oregon Health Plan members. Because Providence is strongly committed to our mission of serving the poor and vulnerable, and because we currently have an obligation to those individuals we serve through our health plan and delivery system, we are submitting this Letter of Intent as an alternative in the event that the Tri County collaborative does not come to fruition.

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

Providence Health Assurance
4400 NE Halsey St, Bldg 2, Ste 690
Portland, OR 97213

Brenda R. Dau
brenda.dau@providence.org
503-574-6438

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

Clackamas County
Multnomah County
Washington County, excluding 97106, 97109, 97113, 97116, 97117, 97119, 97123, 97124, 97125, 97133, and 97144
Yamhill County, only 97111, 97114, 97115, 97127, and 97132

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

In the event that Providence creates its own CCO with community partners, Providence would be the sponsoring organization. Providence envisions the county mental health plans, Area Agency on Aging and State Aged and People with Disabilities offices, and health departments for Clackamas, Multnomah, Washington, and Yamhill counties, and dental organizations to be key partners in developing a CCO. Providence anticipates there may be other partners interested in joining this endeavor if we should be required to pursue this pathway.

4. What is the Applicant's desired member capacity?

Providence strives to maintain a 4.5% market share of Oregon Health Plan members. We currently serve about 23,000 members and plan to stay in that range in the near future.

5. Does the Applicant have a contract with the Oregon Health Authority as a Medicaid managed care organization? If so, does the Applicant expect that contract to be terminated immediately before the effective date of the Applicant's CCO contract?

Yes, Providence Health Assurance currently has MCO contract #132348. We would expect that the MCO contract end date would coincide with the effective date of the CCO contract.

6. Is the Applicant licensed or expected to be licensed as an insurer with the Oregon Insurance Division?

Yes, we are licensed with the Oregon Insurance Division.

7. Does the Applicant have or expect to have a contract as a Medicare Advantage Plan with the Center for Medicare and Medicaid Services?

Providence Health Plans, which is the parent company of Providence Health Assurance, currently has contracts with CMS. Providence Health Assurance foresees having its own contract with CMS if the Dual Integration project moves forward.

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

Providence would participate in the third wave of applications with the submission dates of July 2nd and 9th, and implementation date of October 1st, 2012.

9. Does the Applicant intend to submit a Medicare Notice of Intent to Apply to CMS?

Yes, we have submitted a Notice of Intent to Apply to CMS as an alternative in the event that the Tri County collaborative CCO and Dual project do not come to fruition. CMS has assigned Providence the pending contract number H1879. Because there was no final print option on the Notice of Intent to Apply, please find attached screenshots of our NOIA.

Carrie Smith

Carrie Smith
Chief Compliance Officer
Providence Health Plans

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: Providence Health Assurance
Street Address 1: 4400 NE Halsey St.
Street Address 2: Bldg 2, Ste 690
City, State ZIP Portland, OR 97213

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.**

Providence Health & Services

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):**

- [x] 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

Notice of Intent to Apply for Capitated Financial Alignment Demonstration Contracts

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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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?

2,100

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

- ○ Yes
- ◉ No

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

Salutation:	
First Name:	Brenda
Last Name:	Dau
Title:	Program Manager, Compliance
Street Address 1:	3601 SW Murray Blvd.
Street Address 2:	Ste 10
City, State ZIP:	Beaverton, OR 97005
Email:	brenda.dau@providence.org
Direct Telephone Number (No Dashes):	5035746438 Format: 9999999999
Extension:	

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.**

- ( ) California
- ( ) Hawaii
- ( ) Illinois
- ( ) Kansas
- ( ) Massachusetts
- ( ) Michigan
- ( ) Minnesota
- ( ) Ohio
- (●) Oregon
- ( ) Pennsylvania
- ( ) Tennessee
- ( ) Washington
- ( ) Wisconsin

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

- (●) Yes

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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?

Argus

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/11dc4q4ddb7

Thank you for your submission.

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Your Survey Has Been Accepted!

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