



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

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

Legal Entity Name: PacificSource Community Health Plans, Inc.

Headquarters Locations: 110 International Way  
Springfield, OR 97477

Key Contact Person: Rhonda Busek  
541-225-3782 (direct)  
541-525-3826 (cell)

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

Desired Service Area by County: Hood River County, Sherman County, Wasco County, Gilliam County

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

La Clinica del Carino, Hood River County, Sherman County, Wasco County, Central Oregon IPA, Providence Hood River Memorial Hospital, Mid Columbia Medical Center, Mid Columbia Center for Living

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

PacificSource Community Health Plans has no desire to have limits placed on capacity at this time.

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?

PacificSource Community Health Plans through its subsidiary PacificSource Community Solutions currently holds a contract with the Oregon Health Authority in these counties as a Medicaid Managed Care Organization. PacificSource Community Health Plans would expect that its contract with the Oregon Health Authority as a Medicaid Managed Care Organization should be terminated immediately upon the effective date of the CCO 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?

PacificSource Community Health Plans is licensed with the Oregon Insurance Division.

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)?

PacificSource Community Health Plans has a Medicare Advantage Plan Contract with CMS.

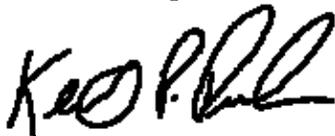
8. Attachment 3 describes four possible Application timelines in 2012. Which due date does the Applicant elect for submitting its Technical and Financial Applications? Choose one pair:

<b>Technical/Cost Application dates:</b>	<b>April 30/May 14</b>
<b>Medicaid Contract effective:</b>	August 1, 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.

PacificSource Community Health Plans intends to submit a Medicare Notice of Intent to Apply to CMS. Copy is attached.

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.



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Electronic signature

Authorized representative of the Applicant (may be Applicant's sponsor if Applicant is not yet formed)