



April 2, 2012

Oregon Health Policy Board  
500 Summer Street NE  
Salem, OR 97301

**RE: CCO LETTER OF INTENT TO APPLY-RFA #3402**

Please except our letter of intent to submit an application for the Coordinated Care Organization (CCO) program. Below is the information requested for submission in this LOI.

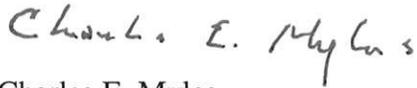
1. **Community Impact, Inc.-OREGON, 435 NE 78<sup>th</sup> Avenue, Portland, OR 97213, Charles E. Myles ([cmyles@communityimpactinc.org](mailto:cmyles@communityimpactinc.org)) or 513-319-3325.**
2. What is the Applicant's desired service area by county or zip code? **97213**
3. Who are the Applicant's key potential Affiliates or sponsoring organizations, if known? **Community Impact, Inc., Siloam International, Inc., and Declare Therapy, Inc.**
4. What is the Applicant's desired member capacity? If the Applicant desires to have no limit on capacity, so state. **350**
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**
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? **No**
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)? **No**
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:

**Technical/Cost Application date: June4/June 11 with Medicaid Contract effective: September 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. **No**

Community Impact, Inc., (CI) 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 CI changes or withdraws it in accordance with the RFA. CI will submit its Technical and Financial Applications on the dates set forth in this Letter of Intent to Apply, unless CI submits to OHA changes to this Letter of Intent to Apply. CI understands this Letter of Intent to Apply will be made public.

Respectfully Submitted,

Handwritten signature of Charles E. Myles in cursive script.

Charles E. Myles  
Executive Director