

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

[On Applicant’s Letterhead]

1. What is Applicant’s Legal Entity name, Oregon headquarters location, and key contact person?
2. What is the Applicant’s desired service area by county or zip code?
3. Who are the Applicant’s key potential Affiliates or sponsoring organizations, if known?
4. What is the Applicant’s desired member capacity? If the Applicant desires to have no limit on capacity, so state.
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?
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?
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)?
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 dates:	April 30/May 14	June 4/June 11	July 2/July 9	August 1/August 8
Medicaid Contract effective:	August 1, 2012	September 1, 2012	October 1, 2012	November 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.

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.

Electronic signature

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