

- e. An entity newly formed from one or more of the organizations described above.

Yes No

If you selected Yes, please describe the newly formed organization and explain how the constituent or predecessor organizations meets one of the requirements in (a) through (d) above:

Please note: Applicant’s qualifications to apply will not be evaluated until after the Application due date.

7. Desired Service Area

County (List each desired County separately)	In your Application, will you request to serve less than the entire County?	If yes, what zip codes will be in your requested Service Area in this County?
Josephine County	No	
Jackson County	No	
Curry County	No	
Douglas County	Yes	97410 and 97442

Please note: If Applicant requests to cover less than a full County, it will be required to provide additional information and its reasoning for the request in its Application. OHA will consider requests during Application evaluation and will determine whether to approve or reject the request based on criteria that include, but are not limited to, how the request better serves the goals of CCO 2.0 than serving the entire County at issue. These Applicant requests and subsequent OHA responses do not limit OHA in any way from requiring additional changes to an Applicant’s proposed Service Area based on OHA’s needs and the needs of its Members. OHA may require an Applicant to accept OHA’s additional Service Area request(s) as a condition of receiving an award or a Notice to Proceed as OHA and its Members’ needs warrant. Applicant’s requests for Service Area will not be evaluated until after the Application due date.

- 8. In Exhibit A, please provide an organization chart complying with the requirements of Attachment 6.
- 9. In Exhibit B, describe your current lines of health plan business in Oregon. Provide total covered lives for each line of business. (Provide separate figures for the following markets: Medicaid, other OHA, non-OHA state health plans, other state or local public sector, Medicare, other federal, Marketplace, other commercial insured, and commercial self-funded. Within each market identify numbers for benefit coverage types such as oral and comprehensive medical and identify numbers that are administrative-services-only as opposed to at-risk).

10. Applicant’s Good Faith Intentions

Applicant has a good faith intention to submit an Application and believes it has the resources to do so. If at any time prior to or upon the Application due date Applicant determines it will not submit an Application, Applicant will submit to OHA a notarized letter, withdrawing this letter of intent and briefly stating the reason for the withdrawal. If at any time prior to seven days before the Application due date Applicant determines it must change the provisions of this LOI other than the requested Service Area, Applicant will submit to OHA a notarized letter, changing this letter of intent and briefly stating the reason for the change.

11. Acknowledgements

Applicant acknowledges that this Letter of Intent is binding upon Applicant if it proceeds to submit an Application and continues through the RFA process without withdrawing its Application. Applicant also acknowledges that OHA will publicly post the information in this LOI prior to the Application submission date. To be considered for a CCO Contract, Applicant must submit all required document in the RFA by the applicable dates in Section 1.2 of the RFA.

Representatives of Applicant have read the RFA in its entirety. By submitting this Letter of Intent, Applicant acknowledges and agrees to be bound by RFA Section 6.2 (Governing Laws) and 6.4 (Limitation on Claims). Applicant also agrees to be bound by all the other provisions of the RFA, subject to Applicant’s protest rights as set forth in the RFA.

12. Signature

The signature must be notarized, as follows

I, Douglas L. Flow, being first duly sworn under oath, and representing Applicant, hereby depose and swear or affirms under penalty of perjury that:

- a. I am an officer of the Applicant,
- b. I have personal knowledge of this Letter of Intent and believe it to be accurate, and
- c. I have full authority from the Applicant to submit this Letter of Intent.

Douglas L. Flow
Signature

Douglas L. Flow, Chief Executive Officer
Printed Name and Title

February 1, 2019
Date

State of Oregon)

) ss:

County of Josephine

Signed and sworn to before me on Feb 1st, 2019 (date) by Douglas L. Flow (Affiant’s name).

Nicole Elizabeth Lafond

Notary Public for the State of Oregon

My Commission Expires: 12/26/22





Family of Companies Corporate Structure

AllCare Health, Inc.
Oregon Benefit Company
Oregon SOS registry: 431199-99
ABN: AllCare Health 1229958-97

Governance: 14 member Board of Governors
Ownership: 63 shareholder A (voting)
34 shareholder B (non-voting)
1 shareholder C (voting)

AllCare PACE, LLC
Registry 1459847-95

Contract: TBD

Program of All-Inclusive Care for the Elderly

Governance: TBD

AllCare CCO, Inc.
Registry 613638-92

ABN: AllCare CCO 151933190
Contract: OHA

Manages the Oregon Health Plan in Jackson, Josephine, Curry Counties, & Glendale & Azalea in Douglas County

Governance: 21 member Board of Governors

AllCare Health Plan, Inc.
Registry 397944-82

ABN: AllCare Advantage 1058216-98
AllCare MediGap 1058228-94
Contract: • CMS Medicare Advantage
• Oregon DCBS Cert #953485

Governance: 14 member Board of Governors

AllCare Management Services, LLC
Registry 431200-96

Contract:

- AllCare CCO, Inc.
- AllCare Health Plan, Inc.
- AllCare eHealth Services, LLC
- AllCare Independent Physician Association, Inc.
- AllCare Development, LLC

Employer of all AllCare Health Staff

Governance: 14 member Board of Governors

AllCare eHealth Services, LLC
Registry 431236-94

Contract: Greenway Health™

Electronic health record, billing, & care coordination services

Governance: 9 member Board of Governors

AllCare Independent Physician Association, Inc.
Registry 986548-91

ABN: AllCare IPA 1400701-94
Contract: N/A

Facilitates commercial insurance contracts for individual provider offices

Governance: 9 member Board of Governors

AllCare Development, LLC
Registry 1029546-90

Contract: Real property deeds

Governance: 14 member Board of Governors

Contract for claims, IT, and administration services

Contract for IT and administration services



RFA OHA-4690-19- CCO 2.0 RFA OHA 4690 – AllCare CCO Attachment 1 – Letter of Intent to Apply
EXHIBIT B: OREGON HEALTH CARE BUSINESS

Lines of Business	Covered Lives	Benefits	Benefit Coverage Type
AllCare CCO, Inc. Medicaid	48,332	OHP Benefits i.e., Physical, Behavioral, Oral Health, Non-Emergent Medical Transportation, and health related services	Risk Based Contract
AllCare Health Plan, Inc.			
<ul style="list-style-type: none"> • AllCare Advantage Medicare Advantage Plan (Part C) 	3,077	<ul style="list-style-type: none"> • Part A – Hospital • Part B – Physician • Part D - Drugs 	Risk Based Contract
<ul style="list-style-type: none"> • AllCare MediGap Medicare Supplemental 	40 – not accepting new members	<ul style="list-style-type: none"> • Medicare cost shares • Plans A, F, G 	Risk Based Contract
AllCare PACE - Program of All-Inclusive Care for the Elderly (PACE)	Tentative Business start date: 1.1.2020	Comprehensive medical and social services (including Physical, Behavioral, Social, Oral Health, and Transportation) to frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid.	Risk Based Contract