

### Attachment 1 - Letter of Intent to Apply Form

- 1. Applicant’s Legal Entity name: Marion Polk Coordinated Care
- 2. Applicant’s Secretary of State Business Registration: 151 9690 - 95
- 3. Oregon Headquarter Location: 890 Oak Street SE, Salem, OR
- 4. Principle Place of Business (if different than Oregon Headquarter Location): 2995 Ryan Drive SE, Salem, OR 97301
- 5. Key Contact Person: Dean Andretta  
Key Contact Person Phone/Email: 503-587-5107 deana@mvipa.org  
Phone Email

- 6. To be eligible to apply, Applicant must be one (or more) of the following (Please check yes or no for each item):
  - a. An organization that (1) has a certificate of authority in good standing as a health care service contractor or health insurance company from the Oregon Department of Consumer and Business Services (DCBS), and (2) issues health benefit plans, as defined in 743B.005, in Oregon.

Yes       No

If you selected Yes, please provide the DCBS Certificate of Authority number:

\_\_\_\_\_

- b. An organization that is under, or during the last two years was under, a Medicaid contract with OHA to bear capitated health care financial risk in Oregon, including CCOs currently or formerly certified by OHA.

Yes       No

If you selected Yes, please provide the Medicaid contract type and number:

\_\_\_\_\_

- c. A Provider Organization which bears health care financial risk in Oregon (e.g. hospital systems with capitated contracts from self-insured health plans) but which DCBS has exempted from a certificate of authority by Bulletin 96-2, [https://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin\\_96-02.pdf](https://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin_96-02.pdf).

Yes       No

If you selected Yes, please explain the health care financial risk you bear in Oregon and how you meet the DCBS exemption:

**d. A Tribe or Tribal organization.**

Yes       No

Note: A Tribe may sponsor an Indian Managed Care Entity or a CCO on a different timeline from that generally applicable to Applicants. Tribal members may be moved to that organization when it is approved by OHA.

**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: This newly formed not-for-profit public benefit organization, called Marion Polk Coordinated Care (MPCC) is formed from Salem Clinic, Salem Health Hospitals & Clinics and WVP Health Authority. Each of the founding partners have financial risk via their ownership percentage of the CCO in operation in Marion and Polk Counties, Willamette Valley Community Health LLC, as well as a full risk capitation arrangement for medical and pharmacy services that comprise over 70,000 members. The foundation of MPCC will consist of strong community partnerships with local health care providers as well as local non-profit organizations that address social determinants of health and health equity. Improving the overall health of our community, access to care, changing the way we pay for and manage the cost of health care and addressing both disparities and continuity of care in a measurable and transparent manner will be the top priorities of Marion Polk Coordinated Care.

**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?
Marion	No	
Polk	No	
Benton	Yes	97361
Linn	Yes	97346, 97350, 97352,97358, 97360,97383
Clackamas	Yes	97002,97032,97071,97362,97375
Yamhill	Yes	97304

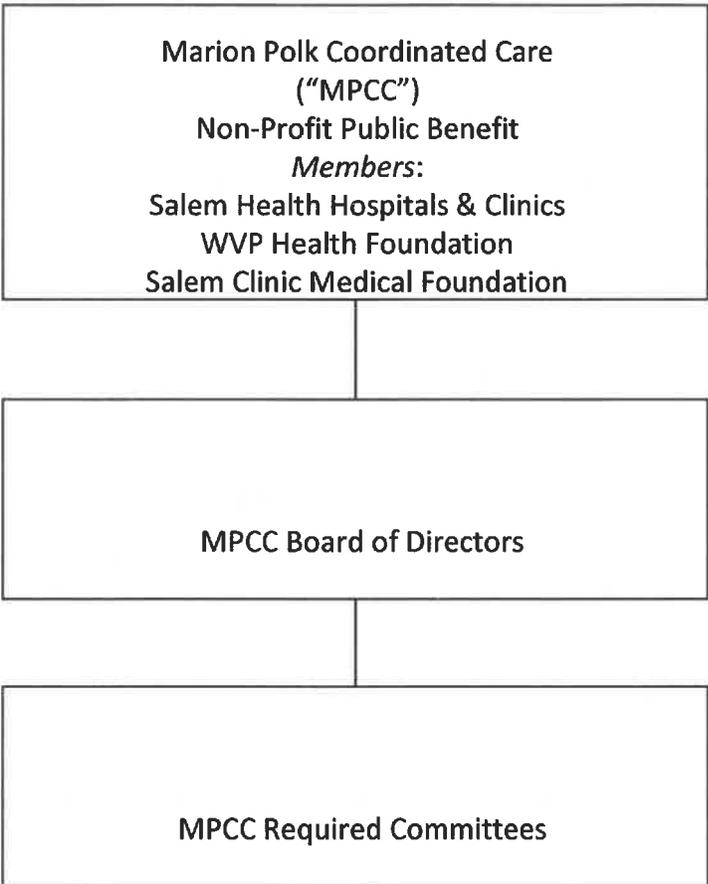
**Please note:** If Applicant requests to cover less than a full County, it will be required to provide additional information and its reasoning for the request in its Application. OHA will consider requests during Application evaluation and will determine whether to approve or reject the request based 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



**EXHIBIT A: ORGANIZATION CHART**



As a non-profit Public Benefit Corporation there is no equity ownership.

## **EXHIBIT B: OREGON HEALTH CARE BUSINESS**

MPCC was formed from Salem Health Hospitals & Clinics, Salem Clinic and WVP Health Authority, each of which have a long history of management of Oregon Health Plan contracts and bearing financial risk for Oregon Health Plan lines of business.

Over the last 7 years, WVP Health Authority has administered the Willamette Valley Community Health Plan and provided the network, risk contracts and has taken risk for the membership in the Marion and Polk County Service area.

Since this is a newly founded entity, there are no other service lines other than Oregon Health Plan contemplated under Marion Polk Coordinated Care Inc. at this time.

The experience of the members are as follows:

### **Salem Health Hospitals & Clinics:**

Self-Funded Employee Health Plan:	9,338 Members
Fully Capitated Contract for Oregon Health Plan:	5,769 Members (as of Jan. 2019)

### **Salem Clinic:**

Self-Funded Employee Health Plan:	874 Members
Fully Capitated Contract for Oregon Health Plan:	17,841 Members (as of Jan. 2019)

### **WVP Health Authority:**

Fully Capitated Contract for Oregon Health Plan:	46,739 Members (as of Jan. 2019)
Fully Capitated Contract for Medicare Advantage:	6,660 Members (as of Dec. 2019)
Full Service Third Party Admin for Oregon Health Plan:	102,066 Members (Dec. 2019)

While, Marion Polk Coordinated Care (MPCC) is a newly formed entity for the purposes of being the Coordinated Care Organization in our service area, we have significant experience and expertise as our application will detail. The three partners have already embarked on several cooperative ventures. With a strong community presence and commitment to transform the way care is delivered, MPCC will work closely with local providers and other community partners to ensure the goals of CCO 2.0 are achieved.