



February 15, 2019

Tammy L. Hurst OCAC, OPBC, SPC
635 Capitol Street, NE Room 350
Salem, Oregon 97301

RE: RFA4690 – Moda Health Plan, Inc. for Lane County Attachment 1 Letter of Intent – Change Request

Dear Ms. Hurst:

Moda Health Plan, Inc. is changing the applicant listed on its original Letter of Intent submitted on February 1st 2019 to West Central Coordinated Care Organization, LLC.

Moda Health Plan, Inc., or one of its wholly owned subsidiaries, shall be the sole member of the West Central Coordinated Care Organization until such time as local provider equity partners are added as additional members of the LLC. Moda Health Plan, Inc., as indicated, has a certificate of authority and Moda Health Plan, Inc.'s solely owned subsidiary, ODS Community Health, Inc., has extensive experience as an owner and the primary administrator of the Eastern Oregon Coordinated Care Organization, LLC.

As a result of this change request we have submitted a revised Letter of Intent modifying questions 6a., 6e., including modifications to Exhibits A and B.

Sincerely,

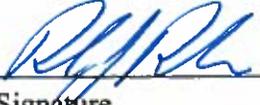
A handwritten signature in blue ink, appearing to read "R. Richardson".

Robin Richardson, Senior Vice President

The signature must be notarized, as follows

I, Robin Richardson, 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.

	Robin Richardson, Senior Vice President	2/15/2019
Signature	Printed Name and Title	Date

State of Oregon)

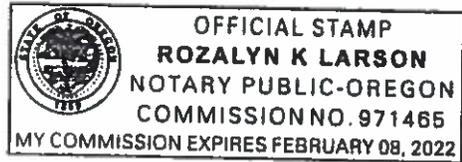
) ss:

County of Multnomah)

2/15/2019	
Signed and sworn to before me on	(date) by (Affiant's name).



Notary Public for the State of Oregon
 My Commission Expires: 2/15/22



Attachment 1 - Letter of Intent to Apply Form – Change Request

1. Applicant's Legal Entity name: West Central Coordinated Care Organization LLC
2. Applicant's Secretary of State Business Registration¹: Secretary of State Reg. Number 1526288-98
3. Oregon Headquarter Location: 601 SW Second Avenue, Portland OR 97204
4. Principle Place of Business (if different than Oregon Headquarter Location): same as headquarters
5. Key Contact Person: Sean Jessup
- Key Contact Person Phone/Email: 503.265.4748 sean.jessup@modahealth.com
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.

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.

¹ If Applicant is formed under insurance law, furnish the registration number with the Oregon Department of Consumer and Business Services (DCBS).

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:

Moda Health Plan, Inc. (Moda) currently meets the requirements of an organization that has a certificate of authority in good standing as a health care service contractor and issues health benefit plans as defined in 743B.005, in Oregon. Moda’s subsidiary company ODS Community Health, Inc. is an equity partner and administrator of the Eastern Oregon CCO that has held a Medicaid contract with OHA to bear capitated health care financial risk since 2012.

Our intent in forming the West Central CCO is to bring on additional equity partners such as local hospitals and other provider partners that currently provide care and services to OHP members in the desired service areas. Moda intends to reduce its equity/ownership position in the new company based on the equity/ownership taken by our hospital and provider partners.

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?
Lane	No	N/A

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, Robin Richardson, 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.

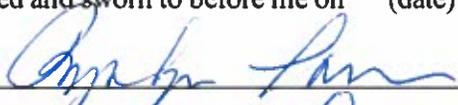

Robin Richardson, Senior Vice President
02/15/2019
 Signature Printed Name and Title Date

State of Oregon

) ss:

County of Multnomah

Signed and sworn to before me on 2/15/19 (date) by Robin Richardson (Affiant's name).


 Notary Public for the State of Oregon

My Commission Expires: 2/18/22

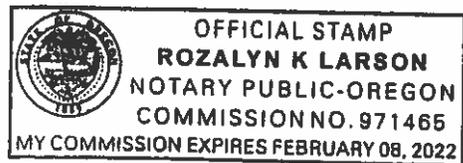


EXHIBIT A: Organization chart

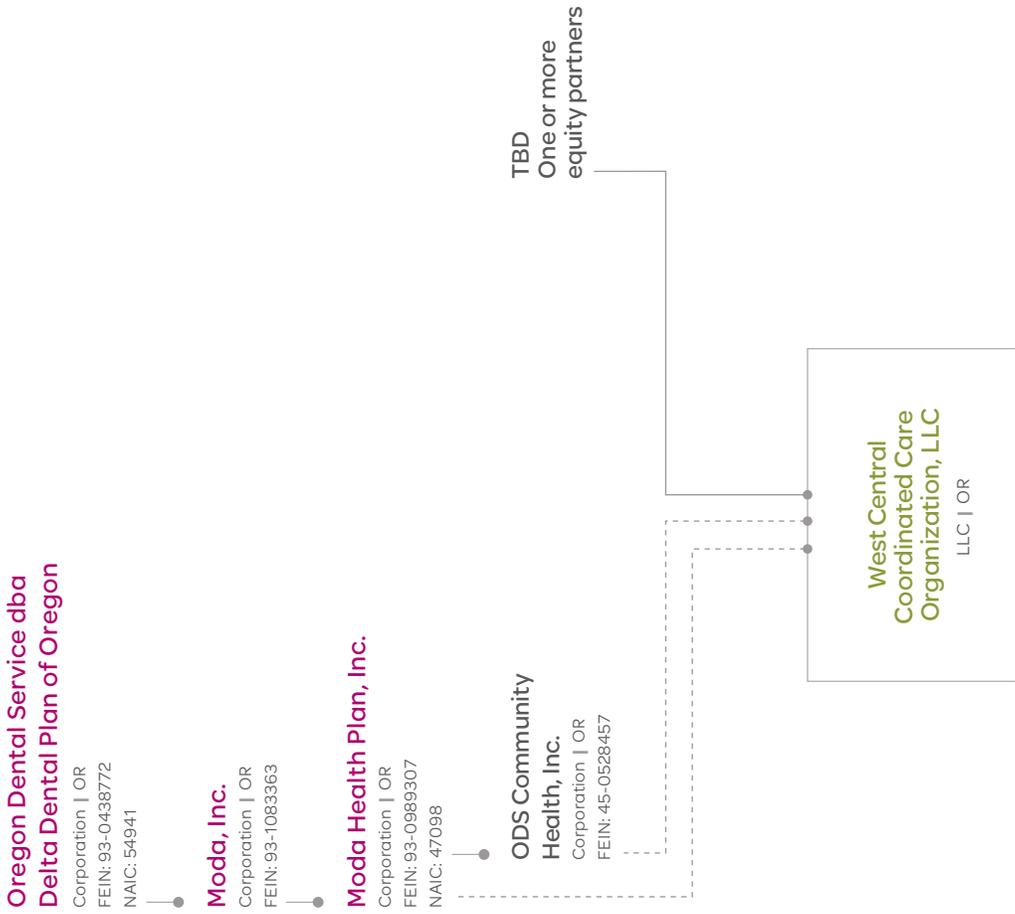




EXHIBIT B: Oregon Health Care Business

ODS Community Health, Inc. is an equity partner in the Eastern Oregon Coordinated Care Organization (EOCCO). ODS Community Health is a wholly-owned subsidiary of Moda Health Plan, Inc. The EOCCO serves 47,744 Medicaid members (as of 12/1/2018) in the Oregon Health Plan. Additionally ODS Community Health, Inc. serves 436 members (as of 12/1/2018) under its contract with Cover All Kids.

Moda Health Plan, Inc.'s Oregon Health Care Business

Membership numbers below as of 12/1/2018

	Medical		Dental		Vision		Pharmacy	
	At-risk	ASO	At-risk	ASO	At-risk	ASO	At-risk	ASO
Medicaid	48,180	0	227,056	0	48,180	0	48,180	0
Other OHA (OEBC,PEBB)	114,437	0	99,909	92,573	78,792	0	114,436	0
Non-OHA state health plans	0	0	0	0	0	0	0	0
Other state or local public sector	3,260	16,914	13,954	58,394	5,340	1,440	3,260	1,626
Medicare	44,910	0	N/A	N/A	9,924	0	41,437	0
Other federal	0	0	0	0	0	0	0	0
Marketplace (Individual coverage offered through the Marketplace)	26,017	0	8,410	0	0	0	26,017	0

Other commercial insured	25,801	N/A	151,425	N/A	3,190	N/A	10,018	N/A
Commercial self-funded	N/A	41,995	N/A	377,921	N/A	4,353	N/A	67,792