

## Attachment 1 - Letter of Intent to Apply Form

1. Applicant's Legal Entity name: PacificSource Community Solutions
2. Applicant's Secretary of State Business Registration<sup>1</sup>: 1228429-90
3. Oregon Headquarter Location: 2965 NE Conners Avenue, Bend, Oregon 97701
4. Principle Place of Business (if different than Oregon Headquarter Location): \_\_\_\_\_
5. Key Contact Person: Lindsey Hopper
- Key Contact Person Phone/Email: (541) 706-5066 lindsey.hopper@pacificsource.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:

Coordinated Care Organization, 143119 and 143903

- 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.

<sup>1</sup> 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:

**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	

**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, Kenneth Provencher, 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.

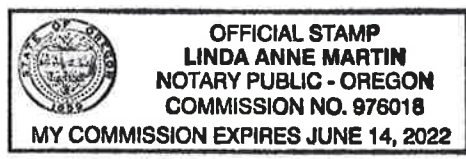
<u></u>	<u>Kenneth P. Provencher</u> <u>President and CEO</u>	<u>1/27/19</u>
Signature	Printed Name and Title	Date

State of Oregon )  
 ) ss:  
 County of Lane )

Signed and sworn to before me on 1/27/19 (date) by Kenneth Provencher (Affiant's name).

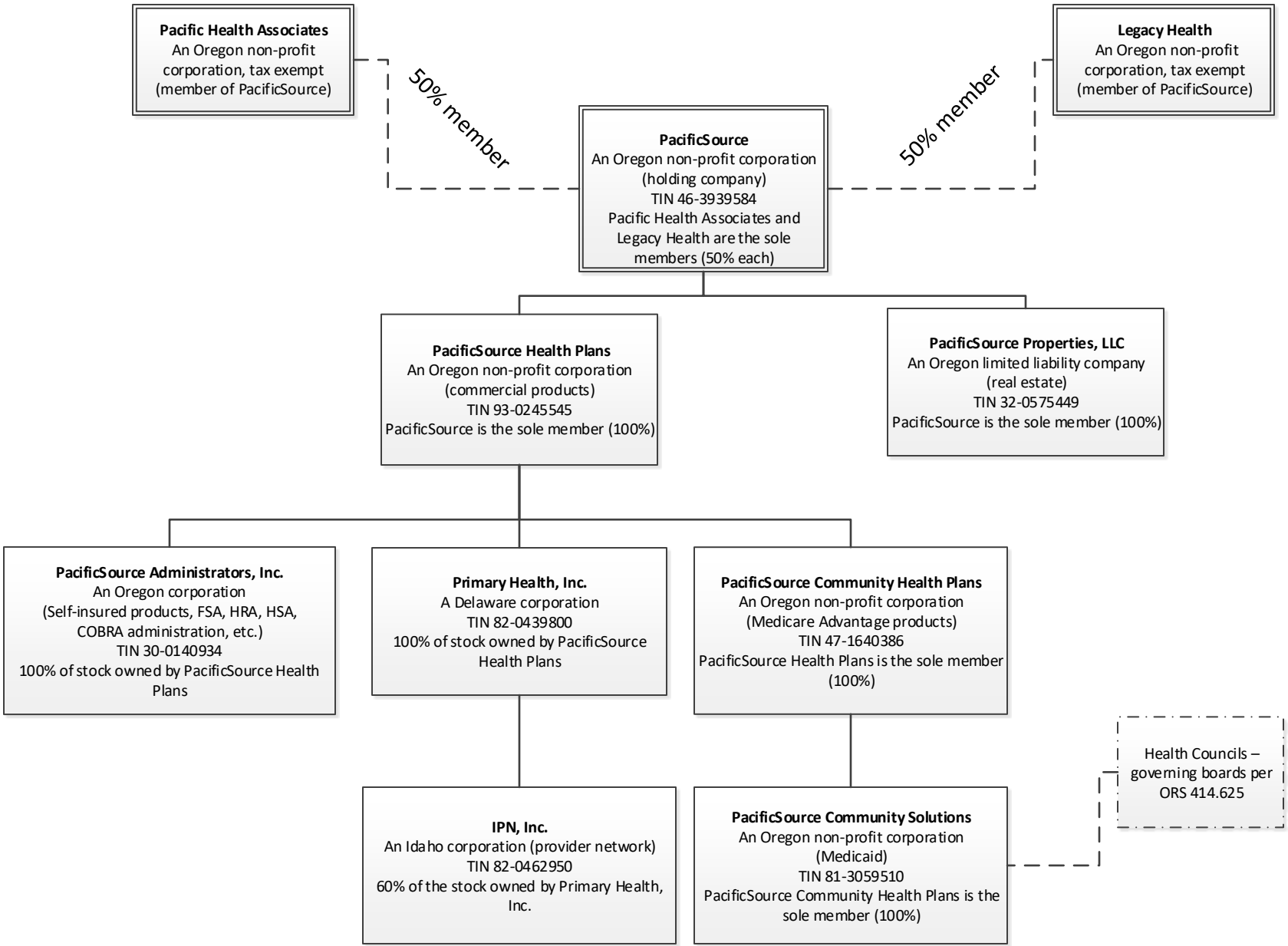
Linda Anne Martin  
Notary Public for the State of Oregon

My Commission Expires: 6/14/22



# EXHIBIT A: ORGANIZATION CHART

Attachment 6, Section B.1.b



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

The PacificSource family of companies offer multiple lines of health plan business in Oregon. PacificSource serves 60,614 covered lives for Medicaid and other OHA business, 15,777 covered lives for Medicare Advantage, and 183,990 covered lives for Commercial. In total, PacificSource serves 260,381 covered lives. Please see below for details by market.

### Medicaid

PacificSource Community Solutions serves 60,319 Medicaid members through two CCO contracts: 143119 and 143903. CCO A enrollments (all services) account for 60,221 members, and CCO B (physical and mental health services) enrollments account for 98 members. None of these members are served through administrative-services-only arrangements.

### Other OHA

PacificSource Community Solutions serves 295 members through other OHA contracts, including 47 members enrolled in Choice Model (AMHI) and 248 members enrolled in Cover All Kids. None of these members are served through administrative-services-only arrangements.

### Non-OHA State Health Plans

No PacificSource entity serves any covered lives through non-OHA state health plans.

### Other State or Local Public Sector

PacificSource Health Plans serves 31,766 covered lives in other state or local public sector. Of these individuals, 3,166 are in administrative-services-only arrangements. The balance are in at-risk arrangements. Of the 31,766 covered lives, 11,871 are enrolled in comprehensive medical and oral benefit arrangements, 16,510 are enrolled in comprehensive medical only, and 3,385 are enrolled in oral benefit arrangements only.

### Medicare

PacificSource Community Health Plans serves 15,777 Medicare Advantage members in Oregon through at-risk arrangements. Of the 15,777 total Medicare Advantage members, 1,142 are enrolled in comprehensive medical and preventive oral benefit arrangements and the balance are enrolled in comprehensive medical only.

### Other Federal

No PacificSource entity serves any members through other federal plans.

### Marketplace

PacificSource Health Plans serves 19,925 covered lives through marketplace plans. All 19,925 covered lives are served through at-risk arrangements. Of the 19,925 individuals, 389 are served in comprehensive medical and oral benefit arrangements, 18,931 are served in comprehensive medical only, and 605 in oral benefit arrangements only.

### Other Commercial Insured

PacificSource Health Plans serves 96,454 covered lives through at-risk arrangements. Of the 96,454 individuals, 18,545 are served in comprehensive medical and oral benefit arrangements, 63,365 are served in comprehensive medical only, and 14,544 are served in oral benefit arrangements only.

### Commercial Self-Funded

PacificSource Health Plans serves 35,845 covered lives through commercial self-funded arrangements. Of those individuals, 6,438 covered lives are served through at-risk arrangements and the balance are served through administrative-service-only arrangements. Within the population of 35,845 covered lives, 8,591 covered lives are enrolled in comprehensive medical and oral benefit arrangements, 26,811 are enrolled in comprehensive medical only, and 443 are enrolled in oral benefit arrangements only.