

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: _____

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?
Douglas County	No	N/A
Lane County	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, Brent Eichman, 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.

[Signature]
Signature

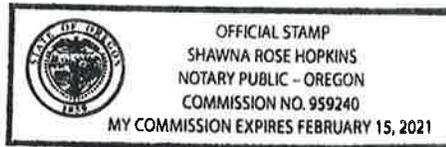
Brent Eichman, Chief Executive Officer
Printed Name and Title

01/30/2019
Date

State of Oregon)

) ss:

County of Douglas)



Signed and sworn to before me on 1-30-19 (date) by Brent A Eichman (Affiant's name).

Shawna Rose Hopkins

Notary Public for the State of Oregon

My Commission Expires: 2-15-21

EXHIBIT A: ORGANIZATION CHART

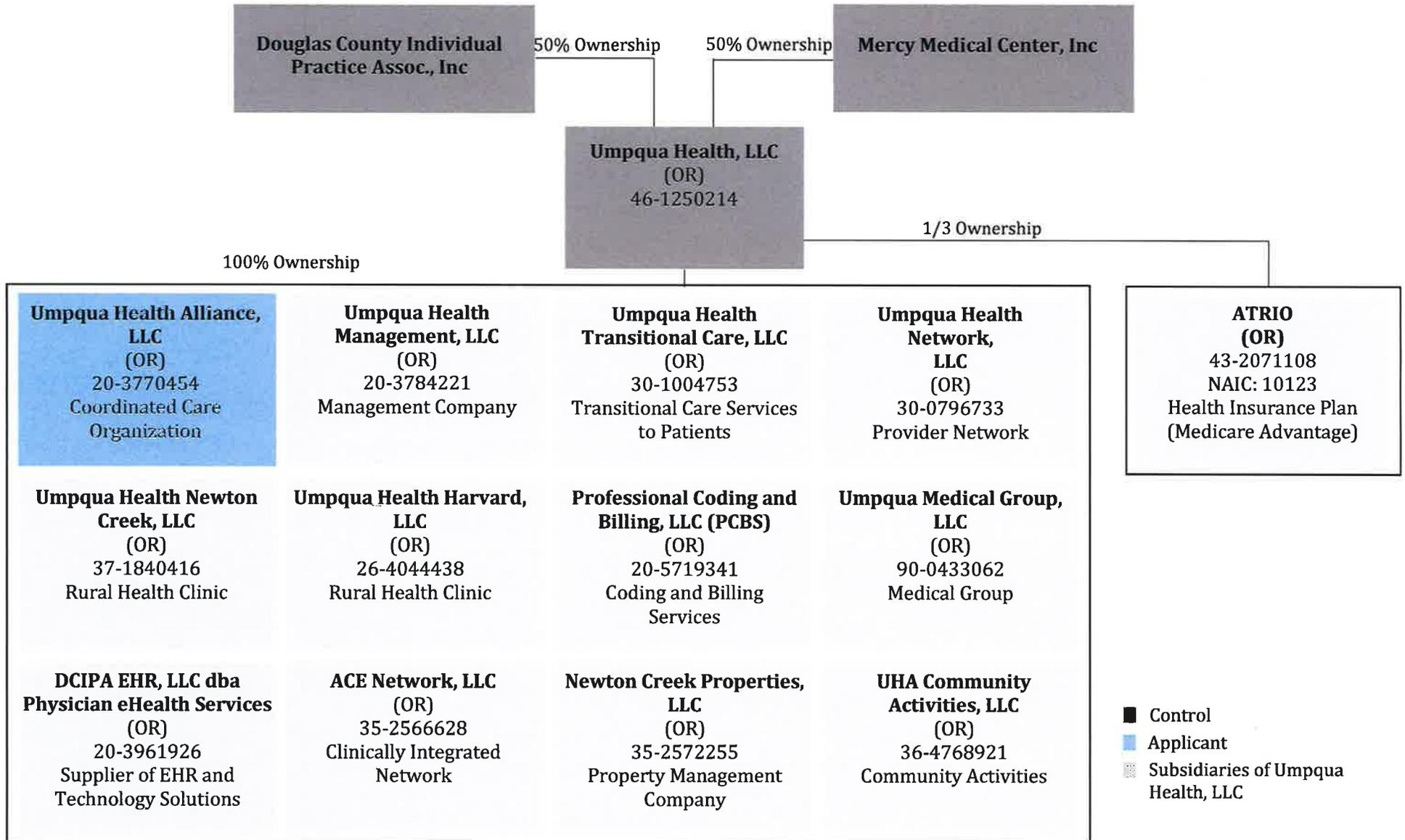


EXHIBIT B: OREGON HEALTH CARE BUSINESS

Umpqua Health Alliance (UHA) currently has a good standing contract with the Oregon Health Authority to provide Medicaid health plan coverage in the state of Oregon. Since the inception of coordinated care organizations (CCOs) in 2013, UHA (fka DCIPA, LLC) has been a contracted CCO for the Oregon Health Authority (OHA). Prior to the formation of CCOs, UHA was a contracted Fully Capitated Health Plan through the OHA since 2005.

Medicaid

Currently, UHA serves a total of 26,904 Medicaid members (as of 12/31/2018) in Douglas County through the CCO contract. Additionally, as part of the Cover All Kids program, UHA provides health plan services to 25 members (as of 12/31/18).

Medicaid Benefit Plan	Total Lives
CCO Coverage	26,904
Cover All Kids	25
Grand Total	26,929

The benefit coverage types are as follows:

Eligibility Category (rate group)	Total Lives (as of 12/31/18)
1 - Affordable Care Act Adults Ages 19-44	6,577
2 - Affordable Care Act Adults Ages 45-54	2,031
3 - Affordable Care Act Adults Ages 55-64	2,129
5 - Cover All Kids 06-18	24
9 - Cover All Kids 01-05	1
A - Blind & Disabled with Medicare	661
B - Blind & Disabled without Medicare	1,616
C - SCF Children (foster care and sub-adoptive care)	834
E - Poverty Level Medical-Pregnant	213
F - Old Age with Medicare Parts B only	1
I - Temporary Assistance for Needy Families Adults	2,598
M - Old Age with Medicare Parts A & AB	626
O - Old Age without Medicare	19
Q - Poverty Level Medical, Children's Health Insurance Program, Temporary Assistance for Needy Families Children <1 year	534
R - Children's Health Insurance Program Eligible < 1 year of age	10
S - Poverty Level Medical, Children's Health Insurance Program, Temporary Assistance for Needy Families Children Age 1-5	2,772
T - Poverty Level Medical, Children's Health Insurance Program, Temporary Assistance for Needy Families Children Age 6-18	6,280
X - Special Needs Rate Group	3
Grand Total	26,929

Medicare

UHA's parent company, Umpqua Health is currently a one-third owner of ATRIO Health Plans. ATRIO Health Plans provides Medicare Advantage products to 19,937 individuals in the following four counties (as of 12/20/18):

County	Members
Douglas County	
Preferred Provider Organization Members	5,955
Special Needs Plan Members	1,306
Klamath County	
Preferred Provider Organization Members	3,120
Special Needs Plan Members	737
Josephine County	
Preferred Provider Organization Members	1,882
Special Needs Plan Members	272
Marion/Polk County	
Preferred Provider Organization Members	3,368
Special Needs Plan Members	3,297
Grand Total Medicare Advantage	19,937

Additionally, Umpqua Health is a risk-bearing entity in regards to its network performance for ATRIO members in Douglas County.

Other Administrative Services

As part of its relationship with ATRIO Health Plans, Umpqua Health also serves as a delegated entity in Douglas County and performs certain clinical and administrative functions including contracting, network development, credentialing, utilization management, case management, care coordination and quality.