

Attachment 1 - Letter of Intent to Apply Form

- 1. Applicant’s Legal Entity name: Yamhill County Care Organization
- 2. Applicant’s Secretary of State Business Registration¹: 872954-90
- 3. Oregon Headquarter Location: 807 NE Third St. McMinnville, OR 97128
- 4. Principle Place of Business (if different than Oregon Headquarter Location): _____
- 5. Key Contact Person: Michael Brown
- Key Contact Person Phone/Email: (503) 376-7425 MBrown@yamhillcco.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:

143124-10

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:

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?
All of Yamhill County	Yamhill CCO’s current service area also includes the following zip codes to the right that are shared by Yamhill County and adjacent counties (Washington, Clackamas, Tillamook, Polk and Marion).	97137, 97002, 97071, 97140, 97101, 97304, 97347, 97371, 97378, 97396, 97119, 97123, 97132, 97140

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.

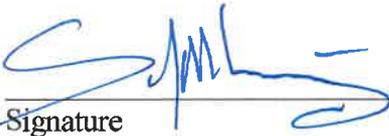
Representatives of Applicant have read the RFA in its entirety. By submitting this Letter of Intent, Applicant acknowledges and agrees to be bound by RFA Section 6.2 (Governing Laws) and 6.4 (Limitation on Claims). Applicant also agrees to be bound by all the other provisions of the RFA, subject to Applicant’s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

12. Signature

The signature must be notarized, as follows

I, **Seamus McCarthy, PhD** 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

SEAMUS MCCARTHY CEO
Printed Name and Title

1/31/19
Date

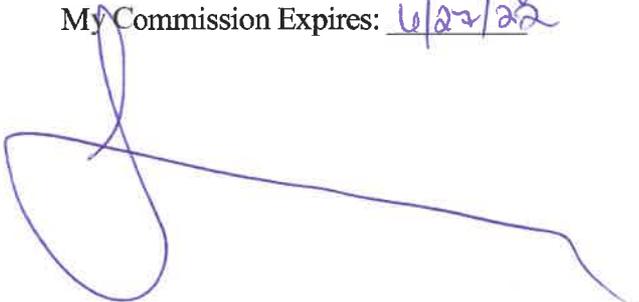
State of Oregon
) ss:

County of Yamhill

Signed and sworn to before me on 1/31/19 (date) by Seamus McCarthy (Affiant’s name).

Notary Public for the State of Oregon

My Commission Expires: 6/27/22



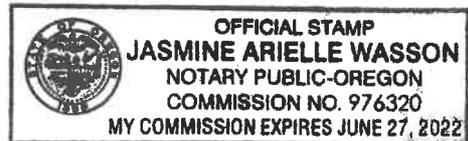


EXHIBIT A: ORGANIZATION CHART

Yamhill CCO is a community owned, not-for-profit 501C(3) corporation domiciled in the state of Oregon, EIN #36-4742731.

Yamhill CCO is governed by a board of directors made up of Yamhill Community members including physical, mental and dental health care providers, OHP recipients, a Yamhill County Commissioner and community members at large.

The President and Chief Executive officer of Yamhill CCO, subject to the control of the board of directors, has general supervision, direction and control over the business and the employees of the corporation.

Yamhill CCO's organizational chart is attached at the end of this letter of intent.

EXHIBIT B: OREGON HEALTH CARE BUSINESS

Medicaid and Cover All Kids are the only lines of insurance business for Yamhill CCO. Total lives covered are in the chart to the right.

Elig Cat	Member Totals as of Dec. 2018
TANF	2007
PLMA	194
CHILD0001	706
CHILD0105	2935
CHILD0618	7163
ABAD-MED	841
ABAD	1000
OAA-MED	1280
OAA	49
CAF	419
ACA19-44	5196
ACA45-54	1473
ACA55-64	1519
BCCP	6
CAK0105	25
CAK0618	220
YCCO Total	25033



President & Chief Executive Officer
Seamus McCarthy

Executive Assistant
Lauren Robb

- Finance
- Operations
- Early Learning H&D
- Quality
- Wellness / CHW Hub

