

I. Applicant Information

- A. Organization Name
 - 1. "Doing Business As" (If applicable)
 - 2. Organization Type
 - 3. Organization TIN/EIN
 - 4. Street Address, City, State, Zip
 - 5. Website (if applicable)
- B. Primary Contact
 - 1. First & last name
 - 2. Title/position
 - 3. Email
 - 4. Phone number
- C. Secondary Contact

II. Letter of Intent

- A. Confirm that the Responder's intent is to submit an application for participation in IHP for 2018.
 - 1. Is the applicant currently an IHP?
 - 2. Does the applicant have experience with other Value-Based or accountable care programs? If so, which programs and approximately how many providers/lives were covered under each program?
 - 3. Does the applicant currently have any of the following:
 - i. HCH Certification
 - ii. NCQA Accredited ACO
 - iii. PCMH Recognized
- B. Which track does the applicant anticipate participating in under the 2018 IHP RFP?
- C. What are the top reasons the applicant is seeking participation in the IHP program? **Please rank/list your top 3.**
 - 1. To drive improvements in population-based care.
 - 2. To gain experience operating in an outcome based revenue arrangement.
 - 3. To accelerate provider integration.
 - 4. To be market-leading or remain competitive in marketplace.
 - 5. To expand upon efforts led by non-Medicaid payers or entities.
 - 6. To improve or maintain financial performance within the next 3-5 years.
 - 7. Other (please describe briefly).