Appendix A-1: Letter of Intent Template

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I. Applicant Information

A. Organization Name
   1. “Doing Business As” (If Applicable)
   2. Organization Type
   3. Organization Taxpayer Identification Number (TIN)/Employer Identification Number (EIN)
   4. Street Address, City, State, Zip Code
   5. Website (If Applicable)

B. Primary Contact
   1. First & Last Name
   2. Title/Position
   3. Email Address
   4. Phone Number

C. Secondary Contact
   1. First & Last Name
   2. Title/Position
   3. Email Address
   4. Phone Number

II. Letter of Intent

A. Confirm that the Responder’s intent is to submit an application for participation in Integrated Health Partnership (IHP) for 2022.
   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 and/or their anticipated participating providers currently have any of the following:
      i. Health Care Home (HCH) Certification
      ii. National Committee for Quality Assurance (NCQA) Accredited Accountable Care Organization (ACO)
      iii. Patient Centered Medical Home (PCMH) Recognized

B. Please list the main medical groups, clinics, and hospitals that will be included in the applicant IHP.

C. Please confirm which track, Track 1 or Track 2, the applicant intends to participate in as an IHP starting in 2022.

D. Please provide a brief narrative explanation of why the Applicant IHP would like to participate in the IHP program. If selected to be an IHP, what will your system do differently than what you are currently doing now? If the applicant organization is currently an IHP, wishing to continue in the program, what are some lessons learned as an IHP that you plan to work to improve or do differently?