

Appendix A1

Letter of Intent Template

Letters of Intent must be submitted on letterhead by 11:59 p.m. Central Time on Friday, August 2, 2024. Letters must be submitted on letterhead via email to Mathew Spaan, Manager of Care Delivery and Payment Reform, at Mathew.Spaan@state.mn.us, cc IHP.Admin.DHS@state.mn.us.

<INSERT IHP LOGO>

<Month DD, YYYY>

<IHP NAME>

<Responder Name>

<Responder Address>

I. Applicant Information

A. Organization Name and Contact Information

<Organization Name>	
"Doing Business As" (If Applicable)	
Organization Type	
Organization Taxpayer Identification Number (TIN)/Employer Identification Number (EIN)	
Street Address	
City, State, Zip Code	
Website (If Applicable)	

B. Primary Contact

Primary Contact	
First and Last Name	
Title/Position	
Email Address	
Phone Number	

C. Secondary Contact

Secondary Contact	
First and Last Name	
Title/Position	
Email Address	
Phone Number	

Appendix A-1: Letter of Intent Template

- C. Please confirm which track, Track 1 or Track 2, the applicant intends to participate in as an IHP starting in 2025.
 - Track 1
 - Track 2
- D. Please provide a brief narrative explanation of why the Applicant IHP would like to participate in the IHP program.
- E. If selected to be an IHP, what will your system do differently than what you are currently doing now?
- F. 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?