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 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
   1. First & Last Name
   2. Title/Position
   3. Email
   4. Phone Number

II. Letter of Intent

A. Confirm that the Responder’s intent is to submit an application for participation in IHP for 2021.
   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. Please list the main medical groups, clinics, and hospitals that will be included in the applicant IHP.
C. Please confirm applicant intends to participate as a Track 1 IHP under the 2021 IHP RFP.
D. Please provide a 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?
E. Based on your answers to the questions above, how does the composition of the applicant IHP affect your structure and operations as you move towards a structure that supports value-based payments?