Appendix A-1 Letter of Intent Template

Letters of Intent must be submitted on letterhead by 11:59 p.m. Central Time on Monday, August 28, 2023. Letters must be submitted on letterhead via email to Mathew Spaan, Manager of Care Delivery and Payment Reform, at <u>Mathew.Spaan@state.mn.us</u>, cc <u>IHP.Admin.DHS@state.mn.us</u>.

<INSERT IHP LOGO>

<Month DD, YYYY>

<IHP NAME>

<Responder Name>

<Responder Address>

I. Applicant Information

A. Organization Name and Contact Information

<organization name=""></organization>		
"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		

II. Letter of Intent

- A. Confirm that the Responder's intent is to submit an application for participation in Integrated Health Partnership (IHP) for 2024.
 - 1. Is the applicant currently an IHP?
 - 🗆 Yes 🗆 No
 - Does the applicant have experience with other Value-Based or accountable care programs?
 □ Yes □ No

If **yes**, which programs and approximately how many providers/lives were covered under each program?

Program Type	Number Of Providers	Number Of Lives Covered

- 3. Does the applicant and/or their anticipated participating providers currently have any of the following:
 - i. Health Care Home (HCH) Certification $\ \Box$ Yes $\ \Box$ No
 - 1. If yes, what level?
 - National Committee for Quality Assurance (NCQA) Accredited Accountable Care Organization (ACO)
 □ Yes □ No
 - iii. Patient Centered Medical Home (PCMH) Recognized
 Yes No
- B. Please list the main medical groups, clinics, and hospitals that will be included in the applicant IHP.

Medical Group/Clinic/Hospitals Included	

C. Please confirm which track, Track 1 or Track 2, the applicant intends to participate in as an IHP starting in 2024.

□ 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?