

Oncology Care Model (OCM) Payer Letter of Intent (LOI)

Instructions

Thank you for your interest in participating in the CMS Innovation Center’s Oncology Care Model (OCM). Applicants must complete this Letter of Intent (LOI) electronically, save as a PDF, and email as an attachment to OncologyCareModel@cms.hhs.gov by 5:00 pm Eastern Daylight Time on April 9, 2015.

Payers that submit a complete, timely LOI will be sent an authenticated web link and password with which to access and submit an electronic application. Only those payers submitting timely, complete LOIs will be eligible to submit applications. Applications due are due by 5:00 pm Eastern Daylight Time on June 18, 2015.

For questions regarding the application process or OCM, please visit the Innovation Center’s OCM website <http://innovation.cms.gov/initiatives/Oncology-Care/>, or email OncologyCareModel@cms.hhs.gov.

Contact Information

Payer Name:

Corporate Address:

Corporate City:

Corporate State:

Point of Contact (POC) Name:

POC Title:

POC Address:

POC City:

POC State:

POC Phone:

Extension:

POC Email:

1. Indicate all the business lines the payer is interested in including in its participation in OCM (check all that apply):

- Commercial insurance plan
- Medicare Advantage plan
- Medicaid managed care plan
- Medicaid fee-for service
- State or federal high-risk pool
- TPA/ASO
- Direct purchaser/business
- Other:

2. State the geographic area the payer is interested in including in its participation in OCM.

3. Is the payer licensed to sell insurance in the state(s) in which it proposes to implement the model and in good standing with the health insurance regulator(s) of that/those states?

4. Does the payer agree to have its name, POC information, business lines, and service area(s) listed in this LOI publicly posted on the Innovation Center website?