



Optima Family Care of North Carolina, Inc. Provider Led Entity (PLE) - Letter of Interest

Optima Family Care of North Carolina, Inc. plans to bring its Medicaid Managed Care expertise to North Carolina’s most vulnerable populations by creating a Provider Led Entity (PLE). The PLE will work to improve access, quality and cost effectiveness of healthcare for the state’s Medicaid population. Optima Family Care of North Carolina, Inc. is preparing the PLE in anticipation of the North Carolina Department of Health and Human Services (NCDHHS) release of an RFP that will allow Prepaid Health Plans (PHPs) to submit bids to provide Medicaid services.

By signing below, the practitioner/practice is expressing interest in participating as a provider of health care services for Optima Family Care of North Carolina, Inc’s PLE. Contract requirements and rates will be provided at a later date when NCDHHS releases this information. The below signature does not obligate the provider to contract with Optima Family Care of North Carolina Inc.’s PLE.

Practitioner/Practice Representative Signature:
Printed Name:

Please provide the following information so that Optima Family Care of North Carolina, Inc. can send updates on the development of the PLE and NC Medicaid Transformation:

1.Practice Name (Legal name):	2.Tax ID:
3. Contact First Name:	4.Contact Last Name:
5.Contact/Practice Address: (P O Boxes should not be used for physical practice location)	
6.Contact Telephone Number:	
7.Contact Email Address:	
8.Provider Type (Physician Group, DME, Hospital):	
9. If not a Physician Practice, please provide Servicing Counties:	



**Additional Individual Practitioner Information (if applicable):*

	Practitioner Name	Specialty	NPI# (Type 1 NPI)	CAQH ID	Accept New Pat? Y/N
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*If more than 10 Practitioners in the practice we will accept an Excel list of practitioners, please provide data requested above.

Additional Practice Locations Information (if applicable):

P O Boxes should not be used for physical practice location

	Practice Name	Street Address	City/County	State	Zip Code
1					
2					
3					
4					
5					

To return the signed LOI via email, send to jlmc coy@sentara.com. If unable to email, please fax or mail to the following:

Fax: 757-671-7947

Mail: Jennifer McCoy
 Optima Health
 5th Floor
 4417 Corporation Lane
 Virginia Beach, VA 23462