



October, 2011

Dear Health Care Professional:

Your chance to join the Delaware Physicians Care Managed Long Term Care Provider Network.

Delaware Physicians Care, Incorporated (DPCI) is excited about the opportunity to serve eligible Long Term Care beneficiaries throughout the State of Delaware. As you may know, the State of Delaware announced a change to their Long Term Care program.

Effective April 1, 2012, all current Long Term Care members will be enrolled with a Managed Care Plan, through the Diamond State Health Plan Plus (DSHPP) program. As a selected Managed Long Term Care Plan, DPCI will begin coordinating the care for these members. We are responsible for developing a comprehensive Long Term Care Network. We have identified your group as a potential participant in our Managed Long Term Care Network and invite you to become a participating provider.

We would like to begin working with you by inviting you to enter into a non-binding letter of intent (LOI) that indicates your intent to contract with DPCI in our Managed Long Term Care Network.

Let us know that you are interested. Please review, sign and return the enclosed LOI by November 1, 2011. Completed documents should be returned to Delaware Physicians Care, Incorporated, 252 Chapman Road, Suite 250, Newark, DE 19702, or by fax to **1-860-902-7874**.

Benefits of joining Delaware Physicians Care's Managed Long Term Care Network

Successful Managed Long Term Care plans reflect a willingness to act as an advocate for the elderly and disabled and to develop collaborative relationships with local community resources. We have demonstrated these characteristics, along with a solid reputation for integrity and financial stability, through our management of the Diamond State Health Plan contract since 2004. Working closely with providers, advocacy groups, community-based organizations and health care leaders, we currently serve more than 104,000 Medicaid members and participate with over 5,000 health care professionals throughout Delaware.

Our success is based on our:

- Strong provider relationships, including prompt and accurate claim payment
- Innovative and integrated medical and behavioral management
- Solid reputation in integrity and financial stability
- Compassion and respect for our members and their families
- Culturally sensitive approaches to care coordination and service delivery that recognize and accommodate the differing attitudes, beliefs and desires of those we serve

We're available if you have questions

We look forward to working with you and your office staff. If you have questions, please contact us at **302-894-6629**. Thank you for considering participation in our network.

Sincerely,

Ryan Forman
Manager, Network Development
Delaware Physicians Care, an Aetna Medicaid Plan

DE-11-09-01



LETTER OF INTENT

PARTICIPATING HEALTH PROVIDER

Delaware Physicians Care, Incorporated

Effective April 1, 2012, Delaware Physicians Care, Incorporated (DPCI) will begin managing the care for Delaware residents enrolled in the State of Delaware's Long Term Care program. Through the Diamond State Health Plan Plus (DSHPP) program, DPCI will coordinate the care for these long term care members by offering a comprehensive, high quality Managed Long Term Care Provider Network that meets both the specific requirements of the DSHPP program as well as the specialized needs of our Long Term Care membership. DPCI is seeking your commitment to participate in its Managed Long Term Care Provider Network.

Your signature below evidences your intent to participate in the DPCI Managed Long Term Care Provider Network. In the coming weeks, DPCI will submit to you a written Participating Health Care Provider Agreement with the terms, conditions and disclosures required by Delaware law for you to review and consider before you enter into such an Agreement. This Letter of Intent is neither binding nor exclusive to the party named below.

Please complete this Letter of Intent and fax to: 860-902-7874

Accepted by:

Provider Name: _____ Signature: _____

Title: _____ Date: _____

Group Name: _____ Specialty: _____

National Provider Identifier: _____ Federal Tax ID/SSN _____

Service Address: _____ City: _____ State: _____

County: _____

Point of Contact Name: _____ Phone #: _____

Fax #: _____ Email Address: _____