Dear Valued Provider,

Lifeshare Management Group, LLC (Lifeshare), in partnership with Arkansas Total Care, Inc., is providing you this Letter of Intent (LOI) in response to Act 775. This LOI is a non-binding invitation to participate as a quality service provider with Lifeshare Management Group, LLC for your Tier 2 and Tier 3 individuals that will be transitioning from traditional Medicaid to a Provider-owned Arkansas Shared Savings Entity (PASSE).

LifeShare is an equity partner in Arkansas Total Care, Inc. along with Mercy Health and Arkansas Health & Wellness. The Department of Human Services has accepted applications from 5 PASSE providers, and Arkansas Total Care, LLC is one of the applicants.

Arkansas Total Care's strong panel of equity partners have served Arkansans locally for decades. Arkansas Health & Wellness' statewide provider network includes medical (physicians, hospitals, ancillary providers), behavioral health, vision, and dental providers.

Arkansas Total Care needs to receive your signed LOI so that we can communicate to DHS that we've made initial contact with our preferred providers and that we are committing to a good faith effort to proceed towards a contract. This LOI is non-binding. Additional contract information will be provided to those who return the LOI.

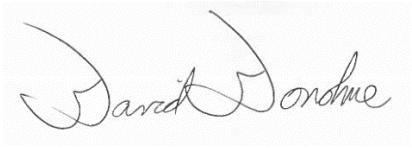
Arkansas Total Care recommends that all IDD providers join each of the PASSE provider networks in order to evaluate how the organizations work for you and your individuals. The Department of Human Services is providing a transitional period in 2018 that will allow you to evaluate the efficiencies and quality of the administrative services that the PASSE intends to provide.

Timing is critical. If you are interested in being one of our PASSE providers, please complete the LOI and information sheet and return them to me via email at: Providers@ArkansasTotalCare.com or by mail to:

Arkansas Total Care
P.O. Box 25010
Little Rock, Arkansas 72221

For questions, please call me, David Donohue, at: (603) 339-3547.

Sincerely,



David Donohue
LifeShare/Arkansas Total Care

Mail: **Lifeshare Management Group**
P.O. Box 25010
Little Rock, Arkansas 72221

Email: **Providers@ArkansasTotalCare.com**

Re: Arkansas Provider-Led Arkansas Shared Savings Entity

Dear Valued Provider:

This Letter of Intent ("Letter") shall set forth certain understandings between the providers set forth at Attachment A hereto ("Provider") and LifeShare Management Group, LLC (LifeShare) with respect to the execution of a participating provider agreement ("Provider Agreement") for the provision of services to enrollees of the State of Arkansas Provider-Led Arkansas Shared Savings Entity Program ("Program").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between the parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.
2. Provider consents to the listing of Provider's name and address in a prototype of LifeShare's provider directory for Program; provided, however, that any listing of Provider's name and address shall be accompanied by a notation that Provider's listing is based on a Letter of Intent.
3. This Letter shall be construed and interpreted in accordance with the laws of the state of Arkansas.

This Letter is solely for the benefit of the parties hereto and will not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

NETWORK:	**PROVIDER:**
LifeShare Management Group, LLC	_____ (Legibly Print Name of Provider)
Authorized Signature:	Authorized Signature:
Print Name:	Print Name:
Title:	Title:
Signature Date:	Signature Date:
	Tax Identification Number:
	NPI Number:
	State Medicaid Number:

Attachment A

PARTICIPATING PROVIDERS

PROVIDER NAME

PRACTICE SITE

COUNTY

SPECIALTY

NPI

TAX IDENTIFICATION

MEDICAID NUMBER