

Care Management Administrative Services Contract Statement and Certification

Complete a separate statement for each Care Management Administrative Services contract or material amendment for which the MCO is seeking approval. If additional space is needed, attach a continuation page and identify the question(s) by number. If all applicable questions are not answered, if answers are determined to be incomplete or inaccurate, or required supporting documentation is not attached, the agreement will not be accepted for review.

Section A. Submission Includes:

Date:

1. (Check one)
- New contract
 - Material amendment of contract
 - Contract Template
6. Check all lines of business covered by contract:
- Partial Cap MLTC
 - MAP

For amendment, renewal, indicate:

Original contract ID#: _____

Original approval date: _____

Original effective date: _____

2. Anticipated Effective Date: _____

3. Contract Term: _____

Page: _____

4. MCO Unique Contract/Amendment ID #: _____
(required, must also be indicated on contract)

5. Does the main body of contract include express incorporation of the Care Management Administrative Service Contract standard clauses, appendix and a statement that in the event of inconsistencies the appendix controls?

Yes Page # _____ No

Section B. Contracting Parties

7. MCO Name: _____

Contact Person: _____ Phone: _____ Email: _____

8. Administrator Name: _____

Corporate Relationship to MCO: _____

Address: _____

City/State/Zip: _____

Phone: _____

Section C. Contract Information

9. Scope of Care Management Administrative Services, including who is Responsible for completing assessment and reassessments and who is providing 24/7 assess to care management staff Page Number _____ Provision _____
10. The contract must require administrator to prepare and submit reports to plan and identify how often reports are to be made? Page Number _____ Provision _____
11. The contract must contain standards for adhering to plan protocols and evaluating administrator's performance? Page Number _____ Provision _____
12. Does this contract delegate any management services (as defined by 10 NYCRR 98-1.11(i) and (j))?
 Yes, identify the relevant contract provision and provide a brief summary:
Contract Page: _____ Clause: _____
Summary: _____
 No.
13. Includes description of supervisory structure for care management staff (narrative or organizational chart)? Yes No

Section D. Financial Arrangements Between MCO and Administrator

1. Indicate payment methodology and any financial incentives for the Administrator in this contract. (Check all that apply)

- Fee-for-service Other (describe): _____
- PMPM Capitation Financial Incentives (describe): _____
- Percentage of Revenue Attach additional page(s) if necessary

2. Identify contract provisions that describe reimbursement terms: Page(s) _____ Clause(s) _____

Certification

The undersigned hereby certifies that to the best of my informed knowledge and belief the statements made herein and the documents attached hereto are accurate, true and complete in all material respects. The undersigned further certifies that I am knowledgeable [(For Corporate Officer) and have been fully informed by legal counsel] as to the statutes, regulations and guidelines applicable to the Care Management Administrative Services Contract or material amendment herewith submitted and that such contract or material amendment is in full compliance with those applicable statutes, regulations and guidelines to the best of my informed knowledge and belief.

I further hereby certify that any material amendments to the applicable previously submitted and approved contract identified in this Contract Statement and submitted herewith are highlighted in the attached black-lined copies; that such previously submitted and approved contract language is clearly and correctly identified in this filing, and that all changes to previously approved language are to the best of my informed knowledge and belief, [having been fully informed by legal counsel,] in full compliance with applicable statutes, regulations and guidelines.

I understand that the New York State Department of Health is relying upon this certification as part of its review and approval process, and that should it be determined that this certification is materially false or incomplete or incorrect or includes incorrect, false or misleading, information, appropriate enforcement action will be taken, including restriction on enrollment and civil penalties.

I also understand the following: DOH approval of this contract does not constitute an affirmation as to the reasonableness of the payments agreed to by the parties in this contract or amendment. Further, approval of this contract or material amendment by DOH does not guarantee that the level of reimbursement in the contract or material amendment will be recognized in premium rates paid to the MCO by NYS for participation in and services provided under any government sponsored managed care or health insurance program.

Signature of MCO Officer or Legal (General) Counsel

Date

Print Name of MCO Officer or Legal Counsel

Title

Officer's or Counsel's Address

City/State/Zip Code

Direct Telephone Number

E-mail Address

MCO Unique Contract ID # (required)

Notary