NEW YORK STATE | Department of Civil Service

Key Subcontractors or Affiliates
"Health Maintenance Organizations Specifications for the NYSHIP"

INSTRUCTION: Prepare this form for each Subcontractor or Affiliate. For purposes of completing this form, Subcontractors include all vendors who will provide $100,000 or more in Project Services over the term of the Agreement that results from these Specifications, as well as any vendor who will provide Project Services in an amount lower than the $100,000 threshold, and who is a part of the Offeror's account team.	
Offeror's Name:	

The Offeror:

☐ is
☐ is not

proposing to utilize the services of a Subcontractor(s) or Affiliate(s) to provide Project Services.

Subcontractor or Affiliate's Legal Name:	
Business Address:	
Subcontractor's Legal Form:	☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____

As of the date of the Offeror's Proposal, a subcontract or agreement:

☐ has
☐ has not

been executed between the Offeror and the subcontractor(s) or Affiliate for services to be provided by such subcontractor(s) or Affiliate(s) relating to the Project.

In the space provided below, describe the Subcontractor's or Affiliate's role(s) and responsibilities regarding Project Services to be provided:

Relationship between Offeror and Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	
2. Client Reference Name and Phone #:	
3. Project Title:	
4. Project Start Date:	
5. In the space provided below, Project Status:	
6. In the space provided below, describe the roles and responsibilities of the Offeror and Subcontractor or Affiliate in regard to the project identified in 3, above:	

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Key Subcontractors or Affiliates
"Health Maintenance Organizations Specifications for the NYSHIP"

INSTRUCTION: Complete the following chart listing any Subcontractors or Affiliates the HMO will employ to deliver a category of services to NYSHIP enrollees. A Subcontractor or Affiliate is a vendor with whom the HMO subcontracts to provide Program Services and incorporates as a part of the HMOs Program Team. If service is performed in-house by Contractor, indicate "self-administered" in appropriate column.

Type of Service	Name of Organization	Contract Term and Renewal Dates	Description of Subcontracted Services
Mental Health and Substance Abuse Program Administration			
Prescription Drug Benefit Administration:			
Retail			
Mail Order			
Specialty Pharmacy			
Laboratory Services			
Utilization Review			
Medical Necessity Reviews			
Communication Materials			
Claims Processing			
Call Center			
Benefit Card			
Other (list each and describe)			