



PROPOSAL FOR:
New York State Health Insurance Plan

PRESENTED BY:

April Braman
Director of Account Management, Commercial Sales

500 Patroon Creek Blvd.
Albany, NY 12206-1057

(518) 641-5130

Helping you live your **healthiest life.**





July 22, 2020

Brian Bopp
New York State Department of Civil Service
Attn: Office of Financial Administration, Floor 17
Agency Building 1, Empire State Plaza
Albany, New York 12239

Re: 2021 Submission Package for the Health Maintenance Organizations
New York State Health Insurance Program

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to submit the Administrative Proposal for review and consideration for our continued participation in the next five years of the New York State Health Insurance Program (NYSHIP). Our response includes a proposal for both the CDPHP HMO Commercial Plan and the CDPHP HMO Medicare Advantage Plan.

We look forward to working with you and the JLMC in our continued participation in NYSHIP Health Benefits. Please do not hesitate to contact me directly at (518) 641-5130 or April.Braman@cdphp.com should you have any questions or need additional information.

Sincerely,

A black rectangular redaction box covers the signature of the sender, April Braman.

April Braman
Dir. Account Management, Commercial Sales
Capital District Physicians' Health Plan, Inc.

cc: Joint Labor Management Committees on Health Benefits

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SECTION 4: ADMINISTRATIVE PROPOSAL

This section of the Specifications sets forth the requirements for the Offeror's Administrative Proposal. The Department will consider for evaluation and selection purposes only those Proposals the Department determines to be in compliance with the requirements set forth in this section of the Specifications. Any Offeror which fails to satisfy any of these requirements shall be eliminated from further consideration.

The Offeror's *Administrative Proposal* must respond to all of the following items as set forth below in the order and format specified and using the forms set forth in these Specifications. Additional details pertaining to the required forms are found in Section 2 of these Specifications.

4.1 Formal Offer Letter

The Offeror must submit a formal offer in the form of the *Formal Offer Letter* (Attachment 3). The formal offer must be signed and executed by an individual with the capacity and legal authority to bind the Offeror in its offer to the State. The copy of the Offeror's Administrative Proposal marked "ORIGINAL" requires a letter with an original signature; the remaining copies of the Offeror's Administrative Proposal may contain photocopies of the signature. Except as otherwise permitted under Section 2.1(6), Bid Deviations, the Offeror must accept the terms and conditions as set forth in these Specifications, and Appendices A, B, and C, and agree to enter into a Contract with the Department containing, at a minimum, the terms and conditions identified in these Specifications and appendices as cited herein. If an Offeror proposes to include the services of a Subcontractor(s) or Affiliate(s), the Offeror must be required to assume responsibility for those services as "Prime Contractor." The Department will consider the Prime Contractor solely responsible for contractual matters.

Please refer to Exhibit I for the Formal Offer Letter.

4.2 Offeror Attestation Form

The Offeror must complete and submit an executed copy of the *Offeror Attestations Form* (Attachment 6) attesting that it meets or exceeds the criteria for eligibility to bid as set forth in Section 1 of these Specifications. A person legally authorized to represent the Offeror must execute this certification.

Please refer to Exhibit II for the Offeror Attestations Form.

4.3 Subcontractors or Affiliates

The Offeror must complete the *Subcontractors or Affiliates* form (Attachment 9) to identify all Subcontractors or Affiliates. Subcontractors or Affiliates is defined as those contractors with whom the Offeror subcontracts to provide Project Services and incorporates as part of the Offeror's Project Management Team. For purposes of

reporting in the *Subcontractors or Affiliates* form (Attachment 9), Subcontractors include all vendors who will provide \$100,000 or more in Project Services over the term of the Contract 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 Project Management Team. For each Subcontractor identified, the Offeror must complete and submit the *Subcontractors or Affiliates* form (Attachment 9) and indicate whether or not, as of the date of the Offeror's Proposal, a subcontract has been executed between the Offeror and the Subcontractor for services to be provided by such subcontractor relating to the Specifications. For the purpose of these Specifications, Affiliate is defined as a person or organization which, through stock ownership or any other affiliation, directly, indirectly, or constructively controls another person or organization, is controlled by another person or organization, or is, along with another person or organization, under the control of a common parent. On the *Subcontractors or Affiliates* form (Attachment 9), the Offeror must:

1. Mark the applicable box in Attachment 9 if the Offeror will not be subcontracting with any Subcontractor(s) or Affiliate(s) to provide Project Services.
2. Indicate whether or not, as of the date of the Offeror's Proposal, a subcontract (or shared services Contract) has been executed between the Offeror and the Subcontractor or Affiliate for services to be provided by the Subcontractor or Affiliate relating to these Specifications.
3. Provide a brief description of the services to be provided by the Subcontractor or Affiliate.
4. Provide a description of any current relationships with such Subcontractor or Affiliate and the clients/projects that the Offeror and Subcontractor or Affiliate are currently servicing under a formal legal Contract or arrangement, the date when such services began and the status of the Project.
5. The HMO must provide all *JLMC Contact Members* (Attachment 13) with notification of changes in Subcontractors within thirty (30) days of such changes becoming final.

Please refer to Exhibit III for the Subcontractors or Affiliates forms.

4.4 New York State Standard Vendor Responsibility Questionnaire

The Offeror must complete and submit an executed copy of the New York State Vendor Responsibility Questionnaire. A person legally authorized to represent the Offeror must execute the questionnaire. The questionnaire must be completed by all Subcontractors as defined above.

The Department recommends each Offeror file the required Questionnaire online via the New York State VendRep System. To use the VendRep System, please refer to <https://www.osc.state.ny.us/vendors/index.htm>.

By submitting a Proposal, the Offeror agrees to fully and accurately complete the Questionnaire. The Offeror acknowledges that the State's execution of the Contract will be contingent upon the State's determination that the Offeror is responsible, and that the State will be relying upon the Offeror's responses to the Questionnaire when making its responsibility determination. The Offeror agrees that if it is found by the State that the Offeror's responses to the Questionnaire were intentionally false or intentionally incomplete, on such finding, the Department may terminate the Contract. In no case shall such termination of the Contract by the State be deemed a breach thereof, nor shall the State be liable for any damages for lost profits or otherwise, which may be sustained by the Contractor as a result of such termination.

Please refer to Exhibit IV NYS Vendor Responsibility Questionnaire which was executed online April 23, 2020.

4.5 New York State Tax Law Section 5-a

Tax Law § 5-a requires certain Offerors awarded state Contracts for commodities, services and technology valued at more than \$100,000 to certify to New York State Department of Taxation and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to Contracts where the total amount of such Offerors' sales delivered into New York State is in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any Affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

An Offeror is required to file the completed and notarized Form ST-220-CA with the Department certifying that the Offeror filed the ST-220-TD with DTF. The Offeror should complete and return the certification forms within five (5) Business Days from the date of request (if the forms are not completed and returned with bid submission). Failure to make either of these filings may render an Offeror non-responsive and non-responsible. The Offeror must take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

Website links to the Offeror certification forms and instructions are provided below.

1. Form ST-220-TD must be filed with and returned directly to DTF and can be found at http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf. Unless the information upon which the ST-220-TD is based changes, this form only needs to be filed once with DTF. If the information changes for the Offeror, its Affiliate(s), or its subcontractor(s), a new Form ST-220-TD must be filed with DTF.

Exhibit V for Form ST-220-TD has been mailed to DTF. Please refer to copy included with our submission.

2. Form ST-220-CA must be submitted to the Department. This form provides the

required certification that the Offeror filed the ST-220-TD with DTF. This form can be found at http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf

Please refer to Exhibit VI for Form ST-220-CA.

4.6 Compliance with New York State Workers' Compensation Law

Sections 57 and 220 of the New York State Workers' Compensation Law (WCL) provide that the Department shall not enter into any Contract unless proof of workers' compensation and disability benefits insurance coverage is produced. Prior to entering into a Contract with the Department, the selected Offeror and Subcontractor(s) or Affiliates, with more than \$100,000 in expected expenses over the life of the Contract, if any, will be required to verify for the Department, on forms authorized by the New York State Workers' Compensation Board, the fact that they are properly insured or are otherwise in compliance with the insurance provisions of the WCL. The forms to be used to show compliance with the WCL are listed in *Compliance with NYS Workers' Compensation Law* (Attachment 10). Any questions relating to either workers' compensation or disability benefits coverage should be directed to the New York State Workers' Compensation Board, Bureau of Compliance at 518-486-6307. Useful information may also be found on their website: <http://www.wcb.ny.gov>.

Submission of the proof of workers' compensation and disability benefits insurance coverage is required at the time of Proposal submission. Failure to provide verification of either of these types of insurance coverage with the Offeror's Administrative Proposal may be grounds for disqualification of an otherwise successful Proposal.

To the extent that the Offeror is proposing the use of Subcontractors or Affiliates, the Offeror must verify for the Department, on forms authorized by the New York State Workers' Compensation Board, the fact that the Subcontractors or Affiliates are properly insured or are otherwise in compliance with the insurance provisions of the WCL.

Please refer to Exhibit VII regarding the Compliance with NYS Workers' Compensation Law.

4.7 Insurance Requirements

CDPHP acknowledges section 4.7 Insurance Requirements and the specifications that will be required upon receipt of the contract award notice.



500 Patroon Creek Blvd.
Albany, NY 12206-1057
www.cdphp.com

Date: July 20, 2020

NYS Department of Civil
Service Agency Building #1,
17th Floor Empire State
Plaza
Albany, New York 12239

RE: "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"
Firm Offer to the State of New York

Capital District Physicians' Health Plan, Inc. hereby submits this firm and binding offer to the State of New York in response to the Department's specifications request, entitled "Health Maintenance Organizations Specifications for the New York State Health Insurance Program". The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced specifications and in the manner set forth in the specifications.

Capital District Physicians' Health Plan, Inc. accepts the terms and conditions as set forth in the specifications, Section 8 and Appendices A, B, and C, as modified by the Department and Offeror's negotiations in response to the *Non-Material Deviations Template* (Attachment 8) and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in the specifications in the manner set forth in the specifications.

Capital District Physicians' Health Plan, Inc. agrees to execute a contractual agreement that includes the terms and conditions set forth in Section 8 of these specifications, and accepts as non-negotiable the terms and conditions set forth in Appendix A. Offeror agrees to only submit for consideration non-material deviations to these specifications and Appendices B, and C using the *Non-Material Deviations Template* (Attachment 8).

Capital District Physicians' Health Plan, Inc. further agrees, if selected as a result of these specifications, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers' Compensation Law as set forth in Section 4.6 and 4.7 of the specifications.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the specifications. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless **Capital District Physicians' Health Plan, Inc.** delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

Capital District Physicians' Health Plan, Inc.'s complete offer is set forth as follows:



500 Patroon Creek Blvd.
Albany, NY 12206-1057
www.cdphp.com

Administrative and Technical Proposal:

Total of eight (8) electronic copies on a USB drive that each contain the Administrative and Technical Proposal and three (3) hard copy volumes, including one ORIGINAL hard copy.

Complete Electronic Master Proposal:

One (1) USB drive containing all two sections (Administrative and Technical) of the Offeror's Proposal and electronic copies of all materials and documents present in the Original hard copies.

Offeror's Senior Officer Responsible for Account contact information

Name: Daniel Sauer

Address: CDPHP, 500 Patroon Creek Blvd, Albany, NY 12206

Phone number: 518-641-5140

Email address: Daniel.Sauer@cdphp.com

(Remainder of this page intentionally left blank)



500 Patroon Creek Blvd.
Albany, NY 12206-1057
www.cdphp.com

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **Capital District Physicians' Health Plan, Inc.** and possesses the legal authority and capacity to act on behalf of **Capital District Physicians' Health Plan, Inc.** to execute a contract with the State of New York.

The Offeror certifies that all information provided to the Department with respect to State Finance Law §139-k is complete, true and accurate. The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Capital District Physicians' Health Plan, Inc.

Signature: _____

Title: President and CEO

PRINT SIGNATORY'S NAME: John D. Bennett, MD

Date: 7/20/2020

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT

STATE OF } New York

Sworn Statement:

COUNTY OF } Albany

On the 20 day of July in the year 2020, before me personally appeared John D. Bennett, MD, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he maintains an office at Town of Albany County of Albany, State of New York; and further that:

____ (If an individual): he executed the foregoing instrument in his/her name and on his/her own behalf.

(If a corporation): he is the President and CEO of Capital District Physicians' Health Plan, Inc, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

____ (If a partnership): he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

____ (If a limited liability company): he is a duly authorized member of _____, LLC, the limited liability company described in said instrument; that, he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public _____

Date: 7/20/20

FREDERICK B. GALT
Notary Public, State of New York
No. 02GA4926589
Qualified in Rensselaer County
Commission Expires March 21, 2022

ATTACHMENT 6



Department of
Civil Service

**Offeror Attestations Form - "Health
Maintenance Organizations Specifications
for the New York State Health Insurance
Program"**

A representative of the Offeror who is legally authorized to bind the Offeror must complete and sign the Offeror Attestations Form and provide all requested information. Please note that the narrative stated below with regard to each requirement is provided as a convenience to the Offeror and the requirement(s) identified in the Specifications referenced section is the controlling language.

Offeror Name:		Capital District Physicians' Health Plan, Inc.
Offeror's Legal Form:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
No.	Ref.	Requirement:
1.	Section 1.5(1)	At time of Proposal submission, Offeror represents and warrants that it: <input checked="" type="checkbox"/> possesses <input type="checkbox"/> does not possess the legal capacity to enter into a contract with the Department.
2.	Section 1.5(2)	At time of Proposal submission, the Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest a. is licensed as an insurer under Articles 42 or 43 of New York State Insurance Law or certified under Article 44 of New York State Public Health Law, in good standing, and in compliance with state solvency requirements; and b. If applicable, be certified/licensed in accordance with the certification and oversight jurisdiction imposed by another state.
3.	Section 1.5(3)	At time of Proposal submission, Offeror represents and warrants that: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest it has been in operation as a going concern at least two (2) years prior to the Proposal Due Date set forth in Section 1.6 of this specifications.
4.	Section 1.5(4)	At time of Proposal submission, Offeror represents and warrants that: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest it is accredited by the National Committee on Quality Assurance (NCQA) and/or Utilization Review Accreditation Committee (URAC).
5.	Section 1.5(6)	At time of Proposal submission, Offeror represents and warrants that: <input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agree: to accept all determinations of eligibility made by the Department and must provide a rider that includes all NYSHIP dependent eligibility provisions.

ATTACHMENT 6



Department of
Civil Service

**Offeror Attestations Form - "Health
Maintenance Organizations Specifications
for the New York State Health Insurance
Program"**

6.	Section 1.5(7)	<p>At time of Proposal Due Date, Offeror represents and warrants that:</p> <p><input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agrees:</p> <p>It must use any enrollment data transmission protocol and encryption method stipulated by the Department. The current data transmission protocol must be Secure FTP, and the current encryption methodology must be PGP or as otherwise specified by the Department. Secure FTP must be compatible with the Open SSH implementation of Secure FTP. Further, the HMO must agree to comply with the Department's Information Security Requirements (Appendix C) including any additional protocols required by the Department to ensure the security of its data transmissions.</p>
7.	Section 1.5(8)	<p>At time of Proposal Due Date, Offeror represents and warrants that:</p> <p><input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agrees:</p> <p>It must provide coverage to both NYSHIP primary and Medicare primary enrollees and dependents that comply with the requirements of the Specifications throughout the term of the Agreement. If the HMO has an approved Medicare Advantage Plan with Part D coverage in a Commercial Plan service area it MUST offer the Medicare Advantage Plan to Medicare primary enrollees.</p>
8.	Section 1.5(9)	<p>The Offeror represents and warrants:</p> <p><input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agrees:</p> <p>The Offeror must accept a signed and valid <i>NYSHIP Authorization for Release of Protected Health Information forms</i> (Attachment 27), or any alternative form developed by the Department during the contract term, for the purpose of the release of Protected Health Information to Enrollees' designees.</p>
9.	Section 3.6(1)(a)	<p>Offeror represents and warrants that:</p> <p><input checked="" type="checkbox"/> acknowledges and agrees <input type="checkbox"/> does not acknowledge and agree that:</p> <p>all Member communication material developed by the Offeror are subject to the Department's final approval.</p>

ATTACHMENT 6



Department of Civil Service

Offeror Attestations Form - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

CERTIFICATION:

The Offeror: (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; and (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete

Signature: [Redacted] Title: President and CEO

PRINT SIGNATORY'S NAME: John D. Bennett, MD Date: 7/20/2020

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT

STATE OF } New York

Sworn Statement:

COUNTY OF } Albany

On the 20 day of July in the year 2020, before me personally appeared John D. Bennett, MD, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he maintains an office at Town of Albany County of Albany, State of New York; and further that:

(If an individual): he executed the foregoing instrument in his/her name and on his/her own behalf.

X (If a corporation): he is the President and CEO of Capital District Physicians' Health Plan, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(If a partnership): he is the of the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

(If a limited liability company): he is a duly authorized member of the limited liability company described in said instrument; that, he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public [Redacted Signature] Date: 7/20/20
FRÉDERICK B. GALT
Notary Public, State of New York
No. 02GA4926589

Qualified in Rensselaer County
Commission Expires March 21, 2022

ATTACHMENT 9


Subcontractors or Affiliates - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

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: Capital District Physicians' Health Plan

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: OptumHealth Care Solutions, LLC

Business Address: 11000 Optum Circle, Eden Prairie, MN 55344

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:

CDPHP is contracted with OptumHealth for transplant provider network services and cancer resource services rendered at Centers of Excellence

Relationship between Offeror and Subcontractor or Affiliate for Current Engagements:
 (Complete items 1 through 5 for each client engagement identified)

1. Client: CDPHP

2. Client Reference Name and Phone #

3. Project Title: NYSHIP


4. Project Start Date: 01/01/2021

5. In the space provided below, Project Status:

Proposal period

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:

ATTACHMENT 9



**Department of
Civil Service**


**Subcontractors or Affiliates - “Health
Maintenance Organizations Specifications for
the New York State Health Insurance Program”**

CDPHP can utilize OptumHealth's network resources in accessing Centers of Excellence to provide transplant and cancer care services. OptumHealth maintains contracts with these Centers, and CDPHP will be able to utilize these existing agreements to process claims for members.

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)	OptumHealth Care Solutions, LLC	Contracted since 2000 (current agreement is evergreen)	Organ Transplants/Cancer Care Network

ATTACHMENT 9

 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p style="font-size: 1.2em; font-weight: bold; color: #00728f;">Department of Civil Service</p> </div>	<p style="font-weight: bold; margin: 0;">Subcontractors or Affiliates - “Health Maintenance Organizations Specifications for the New York State Health Insurance Program”</p>
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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:	Capital District Physicians' Health Plan, Inc.
------------------------	--

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:	Welltok, Inc.; Clarity Software Solutions, Inc.; InContact, Inc.; and Caremark PCS Health. LLC
---	--

Business Address:	
--------------------------	--

Subcontractor’s Legal Form:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
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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:

ATTACHMENT 9


Subcontractors or Affiliates - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

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	Self-Administered	Not Applicable	
Prescription Drug Benefit Administration:			
Retail	Caremark PCS Health, LLC	01/01/18-12/31/21	Pharmacy Benefit Management
Mail Order	Caremark PCS Health, LLC	01/01/18-12/31/21	Pharmacy Benefit Management
Specialty Pharmacy	Caremark PCS Health, LLC	01/01/18-12/31/21	Pharmacy Benefit Management
Laboratory Services			
Utilization Review	Self-Administered	Not Applicable	
Medical Necessity Reviews	Self-Administered	Not Applicable	
Communication Materials	Clarity Software Solutions, Inc.	May 7, 2018 – May 6, 2021	Member Communications
Claims Processing	Self-Administered	Not Applicable	
Call Center	NICEinContact	Effective 3/22/2017; currently renewing additional term	Supporting Contact Center Technology
Benefit Card	Clarity Software Solutions, Inc.	May 7, 2018 – May 6, 2021	Member Benefit ID Card
Other (list each and describe)	Optum Health	Contracted since 2000 (current agreement is evergreen)	Organ Transplants/Cancer Care Network

Welltok

Contracted since 2010, current term is January 1, 2020 - December 31, 2022.

Provides access to CaféWell, a web-based member engagement platform with health resources, condition-specific programs and information combined with a reward and incentive platform.

ATTACHMENT 9



Subcontractors or Affiliates - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

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: Capital District Physicians' Health Plan, Inc.

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: Laboratory Corporation of America Holdings, ("LabCorp")

Business Address: 358 South Main Street, Burlington, NC 27215

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:

LabCorp provides leading- edge medical laboratory tests and services through a national network.

Relationship between Offeror and Subcontractor or Affiliate for Current Engagements:

(Complete items 1 through 5 for each client engagement identified)

1. Client: CDPHP

2. Client Reference Name and Phone #

3. Project Title: NYSHIP

4. Project Start Date: January 1, 2021

5. In the space provided below, Project Status:
Proposal in progress

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:

ATTACHMENT 9


Subcontractors or Affiliates - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

CDPHP will use LabCorp as our preferred lab vendor. LabCorp provides leading-edge medical laboratory tests and services through a national network of primary clinical laboratories and specialty testing laboratories.

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	LabCorp	7/1/2017 - 6/30/2022	Preferred Lab Vendor
Utilization Review			
Medical Necessity Reviews			
Communication Materials			
Claims Processing			
Call Center			
Benefit Card			
Other (list each and describe)			