



**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:** Heal hNow New York Inc. dba BlueCross BlueShield of Western New York and BlueShield of Northeastern New York

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:**

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

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

Davis Vision network of providers render routine vision exams and provision of glasses/contact lenses, claims processing and customer service.

**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



**Department of  
Civil Service**

## 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 |                      |                                 |                                       |
| 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)                           |                      |                                 |                                       |