



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.

HMO's Name: MVP Health Plan

The HMO:
 is
 is not
 proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services

Subcontractor's Legal Name: CareCore National LLC, dba eviCore Healthcare

Business Address: 400 Buckwalter Place Blvd.
Bluffton, SC 29910

Subcontractor's Legal Form: Corporation Partnership Sole Proprietorship
 Other: Limited Liability Corp.

As of the date of the HMO's Submission, a subcontract
 has
 has not
 been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.

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

Utilization review of all advanced radiology services including MRIs, MRAs, CT/CTAs, PETs and Nuclear Cardiology.

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

1. Client: CareCore National LLC, dba eviCore Healthcare

2. Client Reference Name and Phone #: Jeff Kraft, VP, Client Relationship Executive (800) 918-8924 ext. 27697

3. Program Title: Advanced Radiology Services

4. Program Start Date: 4/1/2012

5. In the space provided below, Program Status:
 Currently in effect.

6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:

Utilization review of all advanced radiology services including MRIs, MRAs, CT/CTAs, PETs, Radiation Therapy and Nuclear Cardiology.

HMO's Name:	MVP Health Care
The HMO: <input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services	
Subcontractor's Legal Name:	National Imaging Associates (NIA), a subsidiary of Magellan Health, Inc. Magellan
Business Address:	8621 Robert Fulton Drive Columbia, MD 21046
Subcontractor's Legal Form:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
As of the date of the HMO's Submission, a subcontract <input checked="" type="checkbox"/> has <input type="checkbox"/> has not been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
Musculoskeletal (MSK) and Interventional Pain Management (IPM) reviews	
Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	National Imaging Associates (NIA), a subsidiary of Magellan Health, Inc. Magellan
2. Client Reference Name and Phone #	Angela Cliff, Sr. Account Executive 224-935-9806 (ext. 59806)
3. Program Title:	224-935-9806 (ext. 59806)
4. Program Start Date:	Musculoskeletal Program Management Services
5. In the space provided below, Program Status:	
Currently in Place	
6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:	
Management (UM/CM) of MSK procedures as defined by the health plan (MVP) according to national guidelines. MVP sends eligibility (member and provider) to the vendor so that the vendor can receive requests from providers. Each request is loaded to the vendor's systems in order to make a decision based on medical necessity criteria for a service. The vendor returns that decision to MVP in order for MVP to pay/deny claims.	

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
HMO's Name:	MVP Health Care
<p>The HMO:</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not</p> <p>proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services</p>	
Subcontractor's Legal Name:	Fiserv
Business Address:	5875 N Lindbergh Blvd Hazelwood, MO 63042
Subcontractor's Legal Form:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the HMO's Submission, a subcontract</p> <p><input checked="" type="checkbox"/> has <input type="checkbox"/> has not</p> <p>been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.</p> <p>ID Card production</p>	
Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	Fiserv
2. Client Reference Name and Phone #	Kelly Crohn, VP of Account Management 314-387-2594
3. Program Title:	Member Material Production and Shipping
4. Program Start Date:	October 2016
5. In the space provided below, Program Status:	
Currently in effect.	
6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:	
MVP provides Fiserv with member information for the production and delivery of ID cards to members.	

HMO's Name:	MVP Health Care
The HMO: <input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services	
Subcontractor's Legal Name:	CaremarkPCS Health, L.L.C. & Caremark IPA, L.L.C. ("CVS/Caremark")
Business Address:	1 CVS Drive Woonsocket, RI 02895
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Other <u>LLC</u>
As of the date of the HMO's Submission, a subcontract <input checked="" type="checkbox"/> has <input type="checkbox"/> has not been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
CVS/caremark is MVP's Prescription Benefits Manager.	
Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	CVS/caremark
2. Client Reference Name and Phone #	Sarah Smith, Title: Vice President, State of New York Account (480) 661-3141
3. Program Title:	Retail Pharmacy, Mail Order, Specialty Drugs
4. Program Start Date:	1/1/2015
5. In the space provided below, Program Status: Currently in effect.	
6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above: CVS/caremark Retail provides prescription card benefits, pharmacy contracting, claims processing, and utilization reporting. Mail order supports processing of mail order claims processing orders. CVS/caremark Specialty Pharmacy program covers the following specialty drugs: Injectable medications, Biotech drugs, Physician office administered drugs, Specialized medications for rare diseases, and Drugs requiring special handling	

HMO's Name:	MVP Health Care
The HMO: <input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services	
Subcontractor's Legal Name:	Tivity Health Services, LLC
Business Address:	701 Cool Springs Blvd., Franklin, TN 37067
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Other: Limited Liability Company
As of the date of the HMO's Submission, a subcontract <input checked="" type="checkbox"/> has <input type="checkbox"/> has not been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
Tivity Health provides the SilverSneakers program to MVP.	
Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	Tivity Health Services, LLC
2. Client Reference Name and Phone #	Claudia Lilley, Account Executive, Client Relations Phone #: 215.384.6202
3. Program Title:	SilverSneakers
4. Program Start Date:	2013
5. In the space provided below, Program Status:	
Currently in effect.	
6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:	
Manages the Silver Sneakers program for MVP's Medicare Advantage members.	

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
HMO's Name:	MVP Health Care
<p>The HMO:</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not</p> <p>proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services</p>	
Subcontractor's Legal Name:	OptumHealth Care Solutions, Inc.
Business Address:	2525 Lake Park Blvd # 101 Salt Lake City, UT 84120
Subcontractor's Legal Form:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the HMO's Submission, a subcontract</p> <p><input checked="" type="checkbox"/> has <input type="checkbox"/> has not</p> <p>been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.</p> <p>National transplant network providing credentialing and discounts for transplant Centers of Excellence services nationwide.</p>	
Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	OptumHealth Care Solutions, Inc.
2. Client Reference Name and Phone #	Lindsey Streefland (952) 205-7802
3. Program Title:	Centers of Excellence
4. Program Start Date:	Renewed on 4/1/2011
5. In the space provided below, Program Status:	
Currently in effect.	
6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:	
Through MVP's internal case management activities MVP steers members receiving cancer treatment, bariatric surgery, or transplants to Centers of Excellence in OptumHealth's network.	

HMO's Name:	MVP Health Care
The HMO: <input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services	
Subcontractor's Legal Name:	RR Donnelley
Business Address:	35 West Wacker Drive Chicago, IL 60601
Subcontractor's Legal Form:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
As of the date of the HMO's Submission, a subcontract <input checked="" type="checkbox"/> has <input type="checkbox"/> has not been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
Production of provider directories for Medicare Advantage population, every three years.	
Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	RR Donnelley
2. Client Reference Name and Phone #	Kevin McElwee, Sales Representative Telephone: (315)453-0701 x13
3. Program Title:	Provider Directory
4. Program Start Date:	6/1/2013
5. In the space provided below, Program Status:	
Currently in effect.	
6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:	
MVP provides RR Donnelley with provider data and member addresses for the production and delivery of Medicare Advantage Provider Directories to Medicare members.	

HMO's Name:	MVP Health Care
<p>The HMO:</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling \$100,000 or more during the term of the 5 year agreement</p>	
Subcontractor's Legal Name:	United Laboratory Network, IPA (ULN)
Business Address:	125 Wolf Rd. Albany, NY 12205
Subcontractor's Legal Form:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the HMO's Submission, a subcontract</p> <p><input checked="" type="checkbox"/> has <input type="checkbox"/> has not been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.</p> <p>ULN provides an outpatient laboratory capitation program, shared network model.</p>	
<p>Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	United Laboratory Network, IPA
2. Client Reference Name and Phone #	Tara Merrill 518-437-0978
3. Program Title:	Laboratory Network
4. Program Start Date:	5/1/2010
5. In the space provided below, Program Status:	Currently in effect.
6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:	ULN provides a network of labs whose claims are capitated.

HMO's Name:	MVP Health Care
<p>The HMO:</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling \$100,000 or more during the term of the 5 year agreement</p>	
Subcontractor's Legal Name:	UPSTATE CONCIERGE MANAGEMENT LLC
Business Address:	216 River St 3rd floor Troy, NY 12180
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Other LLC
<p>As of the date of the HMO's Submission, a subcontract</p> <p><input checked="" type="checkbox"/> has <input type="checkbox"/> has not been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.</p> <p><u>UCM provides the telemedicine platform for MVP's myERnow.</u></p>	
<p>Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	UPSTATE CONCIERGE MANAGEMENT LLC
2. Client Reference Name and Phone #	Lauren Algozzine Title: Chief Operating Officer Telephone: (844)484-7362
3. Program Title:	myERnow
4. Program Start Date:	5/1/2020
<p>5. In the space provided below, Program Status:</p> <p>Currently in effect.</p>	
<p>6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:</p> <p>UCM provides the platform for operating the telemedicine capabilities between MVP and the ER physicians.</p>	

HMO's Name:	MVP Health Care
<p>The HMO:</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling \$100,000 or more during the term of the 5 year agreement</p>	
Subcontractor's Legal Name:	AMERICAN WELL CORPORATION
Business Address:	75 State Street Boston, MA 02109
Subcontractor's Legal Form:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the HMO's Submission, a subcontract</p> <p><input checked="" type="checkbox"/> has <input type="checkbox"/> has not been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.</p> <p><u>AmWell provides the telemedicine platform for MVP's myVisitNow.</u></p>	
<p>Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	AMERICAN WELL CORPORATION
2. Client Reference Name and Phone #	Megann LaPierre, Vice President of Sales Operations (617)204-3500
3. Program Title:	MyVisitNow
4. Program Start Date:	1/1/2017
<p>5. In the space provided below, Program Status:</p> <p>Currently in effect.</p>	
<p>6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:</p> <p>AmWell provides the platform for operating the telemedicine capabilities between MVP and the telemedicine network of providers.</p>	

HMO's Name:	MVP Health Care
<p>The HMO:</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services</p> <p><input checked="" type="checkbox"/> is <input type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling \$100,000 or more during the term of the 5 year agreement</p>	
Subcontractor's Legal Name:	American Specialty Health Management, Inc.
Business Address:	12800 N. Meridian St. Carmel, IN 46032
Subcontractor's Legal Form:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the HMO's Submission, a subcontract</p> <p><input checked="" type="checkbox"/> has <input type="checkbox"/> has not been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.</p> <p>ASH is responsible for the wellness/Well-Being content and programs of www.mvphealthcare.com</p>	
<p>Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	American Specialty Health Management, Inc. (ASHM)
2. Client Reference Name and Phone #	American Specialty Health Management, Inc. (ASHM) (800) 848-3555
3. Program Title:	Healthroads
4. Program Start Date:	2/1/2010
<p>5. In the space provided below, Program Status:</p> <p>Currently in effect.</p>	
<p>6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:</p> <p>ASHM hosts the well-being and wellness content (section) of MVPs member website through their Healthroads product. After signing in as a registered member, when a member clicks "Begin Your Path to Well-Being" they, via secure single-sign-on (SSO) are automatically directed to the ASHM site that has been co-branded as MVP / Healthroads for wellness content, tools, health trackers, personal health assessment, and incentives.</p>	

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		
Prescription Drug Benefit Administration:			
Retail	CVS/caremark	Contract commenced on 1/1/15 and is in effect until 12/31/23. After that period the agreement renews automatically for successive one-year periods unless either party exercises it's right on non-renewal.	Pharmacy benefit management services including: adjudication of pharmacy claims, pharmacy network contracting, and utilization reporting.
Mail Order	CVS/caremark	Contract commenced on 1/1/15 and is in effect until 12/31/23. After that period the agreement renews automatically for successive one year periods unless either party exercises it's right on non-renewal.	Pharmacy benefit management services including: adjudication of pharmacy claims, pharmacy network contracting, and utilization reporting.
Specialty Pharmacy	CVS/caremark	Contract commenced on 1/1/15 and is in effect until 12/31/23. After that period the agreement renews automatically for successive one year periods unless either party exercises it's right on non-renewal.	Pharmacy benefit management services including: adjudication of pharmacy claims, pharmacy network contracting, and utilization reporting.

Type of Service	Name of Organization	Contract Term and Renewal Dates	Description of Subcontracted Services
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<p>Laboratory Services</p>	<p>United Laboratory Network, IPA (ULN)</p>	<p>IPA Contract Renewal: Initial Term commenced 5/1/10. This agreement renews automatically annually. MVP does not anticipate any changes with this relationship.</p>	<p>Outpatient Laboratory Capitation Program, shared network model. <i>Note: In addition to this program, MVP has direct contracts with other providers for outpatient laboratory services.</i> Service Area: NY Counties: Albany, Schenectady, Washington, Fulton, Rensselaer, Saratoga, Warren, Montgomery, Columbia, Greene, Hamilton, Madison, Oneida, Herkimer, Delaware, Otsego, Onondaga, Dutchess, Orange, Ulster, Putnam and Sullivan. In VT: Rutland National Labs: Quest Diagnostics and Laboratory Corporation of America (LabCorp) Regional Labs: Laboratory Alliance of CNY, Clearpath Diagnostics, Centrex Clinical Laboratory/LabCorp, BioReference Laboratories, Sunrise Medical Laboratories, Slocum Dickson Hospitals: A.O. Fox, Albany Medical Center, Albany Memorial Hospital, Columbia Memorial Hospital, Ellis Hospital, Ellis Hospital McClellan Campus, Bellevue Woman’s Care, Glens Falls Hospital, Margaretville Memorial Hospital, Nathan Littauer Hospital, Oneida</p>
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			Hospital, Rome Memorial Hospital, Rutland Regional Hospital, Samaritan Hospital, Saratoga Hospital, Seton Health, System, St Elizabeth Hospital, St Mary's Hospital (Amsterdam), St Peter's Hospital
Utilization Review	<ul style="list-style-type: none"> • Medical UR is self-administered • eviCore • Magellan 	<ul style="list-style-type: none"> • N/A • Commenced on 4/1/12. Renewed with eviCore on 1/1/2020. • Commenced on 1/1/19. Currently in effect. 	<ul style="list-style-type: none"> • N/A • Utilization review of all advanced radiology services including MRIs, MRAs, CT/CTAs, PETs and Nuclear Cardiology. • Musculoskeletal (MSK) and Interventional Pain Management (IPM) reviews
Medical Necessity Reviews	Self-administered	N/A	N/A
Communication Materials	RR Donnelley	Renewed agreement until 6/30/20. The contract will auto-renew for an additional year.	For the Medicare line of business, MVP produces a provider directory and sends it to all Medicare Advantage members every three years.
Claims Processing	Self-administered	N/A	N/A
Call Center	Self-administered	N/A	N/A
Benefit Card	Fiserv	MVP just renewed the contract; effective until June 2023	ID Card production
Transplant Services	OptumHealth	Renewed on 4/1/11. This agreement renews automatically for successive one-year periods unless either party exercises it's right on non-renewal.	National transplant network providing credentialing and discounts for transplant Centers of Excellence services nationwide.
Disease Management	Performed in-house	N/A	N/A

Type of Service	Name of Organization	Contract Term and Renewal Dates	Description of Subcontracted Services
Wellness Program Partner	<ul style="list-style-type: none"> • American Specialty Health (ASH) • Tivity Health Services, LLC 	<ul style="list-style-type: none"> • Current Agreement Executed on 1/1/14; 1st Amendment Executed in 2015; 2nd Amendment Executed in 2017; 3rd Amendment Executed and effective 1/1/2020 – 12/31/2022 • Contract effect 2013 and renews annually. 	<ul style="list-style-type: none"> • ASH is responsible for the wellness/Well-Being content and programs of www.mvphealthcare.com • Tivity Health provides the SilverSneakers program to MVP.
Telemedicine	<ul style="list-style-type: none"> • American Wellness • Upstate Concierge Management 	<ul style="list-style-type: none"> • AmWell’s contract started December 2016. MVP is about to sign a one-year renewal for 2021. Contract will be in effect until December 31, 2021 • UCM’s contract started March 16, 2020. It is a one year contract. 	<ul style="list-style-type: none"> • AmWell provides the platform for operating the telemedicine capabilities between MVP and the telemedicine network of providers. • UCM provides the platform for operating the telemedicine capabilities between MVP and the ER physicians