Attachment 15 — Representations

Applicant Name: _____

Authorizing Signature:_____

Printed Name: _____

Instructions: For each representation, Applicant will check "yes," or "no,". On representations, no particular answer is normal, and an explanation will be furnished in all cases. Applicant must respond to all representations.

These representations must be signed by a representative of Applicant.

Each representation is effective starting at the time of readiness review Readiness Review and continuing throughout the term of the Contract.

1. Will Applicant have an administrative or management contract with a contractor to manage/handle all staffing needs with regards to the operation of all or a portion of the CCO program?

☐ Yes   ☐ No

Explanation:_____

_____

_____

2. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the systems or information technology to operate the CCO program for Applicant?

☐ Yes   ☐ No

Explanation:_____

_____

_____

3. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the claims administration, processing and/or adjudication functions?

☐ Yes   ☐ No

Explanation:_____

_____

_____

4. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the Enrollment, Disenrollment and membership functions?

☐ Yes   ☐ No

Explanation:_____

_____

_____

5. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the credentialing functions?

⬜ Yes ⬜ No

Explanation:_____

_____

_____

6. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the utilization operations management?

⬜ Yes ⬜ No

Explanation:_____

_____

_____

7. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the Quality Improvement operations?

⬜ Yes ⬜ No

Explanation:_____

_____

_____

8. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of its call center operations?

⬜ Yes ⬜ No

Explanation:_____

_____

_____

9. Will Applicant have an administrative or management contract with a contractor to perform all or a portion of the financial services?

⬜ Yes ⬜ No

Explanation:_____

_____

_____

10. Will Applicant have an administrative or management contract with a contractor to delegate all or a portion of other services that are not listed?

☐ Yes   ☐ No

Explanation: _____

_____

_____

11. Will Applicant will have contracts with related entities, contractors and ~~subcontractors~~Subcontractors to perform, implement or operate any aspect of the CCO operations for the CCO Contract, other than as disclosed in response to representation 1-10 above?

☐ Yes   ☐ No

Explanation: _____

_____

_____

12. Other then VBP arrangements with Providers, will Applicant sub-capitate any portion of its Capitation Payments to a risk-accepting entity (RAE) or to another health plan of any kind?

☐ Yes ☐ No

Explanation: _____

_____

_____

13. Does Applicant have a 2019 CCO contract? Is Applicant a risk-accepting entity or Affiliate of a 2019 CCO? Does Applicant a management services agreement with a 2019 CCO? Is Applicant under common management with a 2019 CCO?

☐ Yes ☐ No

Explanation: _____

_____

_____

Document comparison by Workshare Professional on Friday, January 25, 2019 4:53:19 PM

Input:	
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Document 2 ID	file://I:\CENTRAL.KT\RFP-4000\4690\Final\14 CCO RFA 4690-0 Attachment 15 Representations Final.docx
Description	14 CCO RFA 4690-0 Attachment 15 Representations Final
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Insertion	
Deletion	
Moved from	
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Style change	
Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

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Total changes	19