

Attachment IX

- Provider Subcontractual Relationships and Delegation

Standard VII: Provider Contracting

CONTRACT SECTION	CONTRACT REQUIREMENT	COMPLIANT	SCORING	DOCUMENTS REVIEWED	FINDINGS
1. Contract Review and Approval <i>CC-VII.D.1</i>	The health plan complies with all Agency procedures for provider contract review and approval submission.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
2. Contract Compliance with the BBA <i>CC-VII.D.1.a</i>	All provider contracts must comply with: a. 42 CFR 438.230 (Elements 2-6). b. 42 CFR 455.104 (Disclosure by providers and fiscal agents: Information on ownership and control). c. 42 CFR 455.105 (Disclosure by providers: Information related to business transactions). d. 42 CFR 455.106 (Disclosure by providers: Information on persons convicted of crimes).	a. Yes <input type="checkbox"/> No <input type="checkbox"/> b. Yes <input type="checkbox"/> No <input type="checkbox"/> c. Yes <input type="checkbox"/> No <input type="checkbox"/> d. Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
Reference Material: Complying with 42 CFR 438.230	All provider contracts must comply with 42 CFR 438.230: a. Each MCO oversees and is accountable for any functions or responsibilities that are delegated. b. Before delegation, each MCO evaluates the subcontractor's ability to perform the activities being delegated. c. There is a written agreement specifying the activities and reporting responsibilities of the subcontracted vendor. d. The written agreement includes provisions for revoking delegation or imposing sanctions for inadequate performance. e. The MCO monitors the subcontractor's performance on an ongoing basis according to a periodic schedule established by the State. f. The MCO requires corrective actions for any identified deficiencies or areas needing improvement.				
Reference Material: Complying with 42 CFR 455.104	All provider contracts must comply with 42 CFR 455.104, disclosure by providers and fiscal agents concerning ownership and control. A Medicaid agency must require each disclosing entity to disclose the following: a. Disclosure provided at the time of a survey. b. The MCO must provide the disclosure information to the Medicaid agency before entering into contract with the subcontractor. c. Failure to disclose requires termination of any existing agreements				

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Reference Material: Complying with 42 CFR 455.105	<p>All provider contracts must comply with 42 CFR 455.105, disclosure by providers of information related to business transactions. A Medicaid agency must require each disclosing entity to disclose the following:</p> <ul style="list-style-type: none"> a. Providers must submit information concerning ownership of businesses with whom the provider had had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request by the Secretary or Medicaid agency. b. Providers must submit information concerning any significant business transactions between the provider and any wholly owned supplier or subcontractor during the 5-year period ending on the date of the request by the Secretary of Medicaid agency. <p>Federal financial participation will not be granted to providers who fail to comply with the request</p>				
Reference Material: Complying with 42 CFR 455.106	<p>All provider contracts must comply with 42 CFR 455.106, disclosure of providers concerning persons convicted of crimes. A Medicaid agency must require each disclosing entity to disclose the following:</p> <ul style="list-style-type: none"> a. The provider must disclose any person who has ownership or control interest in the provider or is an agent or managing employee of the provider. b. The provider must disclose any person who has been convicted of a criminal offense related to involvement with Medicare, Medicaid, or the Title XX services program. c. The Medicaid agency must notify the Inspector General of the Department of any disclosures. d. The Medicaid agency must notify the Inspector General of the Department of any action it takes on the provider's application for participation in the program. e. The Medicaid agency may refuse to enter into or renew or terminate an agreement with a provider if a person has been convicted of a criminal offense related to involvement in Medicare, Medicaid or the Title XX services program. 				
3. Pre-delegation Review <i>42 CFR 438.230</i>	Prior to delegation, the health plan evaluates the subcontractor's ability to perform the activities being delegated.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
4. Reporting Requirements <i>42 CFR 438.230</i>	The written agreement with the subcontractor specifies the activities and reporting responsibilities of the subcontractor.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		

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5. Inadequate Performance Penalties <i>42 CFR 438.230</i>	The written agreement with the subcontractor includes provisions for revoking delegation or imposing sanctions for inadequate performance.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
6. Monitoring Subcontractor Performance <i>42 CFR 438.230</i>	The health plan monitors the subcontractor's performance on an ongoing basis.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
7. Corrective Actions <i>42 CFR 438.230</i>	The health plan requires corrective actions for any identified deficiencies or areas needing improvement.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
8. Practitioners on the Federal Exclusions List <i>CC-VII.D.1.c</i>	The health plan does not employ or contract with individuals on the state or federal exclusions list.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
9. Health Plan Responsibilities <i>CC-VII.D.1.d</i>	No provider contract that the health plan enters into with respect to performance under this Contract in any way relieves the health plan of any responsibility for the provision of services or duties under this Contract.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
10. Subcontracted Services by Providers <i>CC-VII.D.1.d</i>	The health plan identifies in its provider contract any aspect of service that may be subcontracted by the provider.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
11. CAPITATED PLANS: Provider Contract Requirements <i>CC-VII-D.1.b</i> <i>CC-XVI.O.1.a</i>	If the health plan is capitated, it ensures that all providers are eligible for participation in the Medicaid program. The provider is not required to participate in the Medicaid program as a provider.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		

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12. Ineligible Subcontractors <i>42 CFR 455.106 CC-XVI.O.1.b CC-VII.D.1.b</i>	If a subcontractor was involuntarily terminated from the Medicaid program other than for purposes of inactivity, that entity is not considered an eligible subcontractor.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
13. Written, Executed Agreements <i>CC-VII-D.2. CC-XVI.O.2</i>	All provider contracts, subcontracts and amendments executed by the health plan are in writing, signed, and dated by the health plan and the provider.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
14. Provider Termination <i>CC-VII.E.1</i>	The health plan complies with all state and federal laws regarding provider termination.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
15. Notifying Enrollees of Provider Terminations <i>CC-VII.E.2</i>	The health plan notifies enrollees in accordance with the provisions of the Core Contract regarding provider terminations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
16. Provider Termination:Notification to BMHC <i>CC-VII.E.3</i>	In a case in which a patient's health is subject to imminent danger or a physician's ability to practice medicine is effectively impaired by an action by the Board of Medicine or other governmental agency, notice to both the provider and BMHC will be immediate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		
17. Terminated Provider List to BMHC <i>CC-VII.E.3</i>	The health plan submits a list of terminated providers to BMHC once a month.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		

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18. Provider Termination: Time Frame for Notification <i>CC-VII.E.4</i>	The health plan notifies the provider, BMHC, and enrollees in active care at least sixty (60) calendar days before the effective date of the suspension or termination of a provider from the network. If the termination was for "cause," the health plan will provide to BMHC the reasons for termination.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met		

Results for Standard VII Provider Contracting	
Score	# Elements
Met	
Partially Met	
Not Met	
Not Applicable	
Total # Elements	
Total # Applicable Elements	
Percent of Elements Met	