

## SUBCONTRACTOR WORKSHEET

### INSTRUCTIONS

- Complete and file the SUBCONTRACTOR WORKSHEET as Exhibit E-1.
- Network Arrangement: Select “Direct Contract” where the Plan directly contracts with providers and/or medical groups for the provision of services indicated. Select “Subcontract” where the Plan arranges for the delivery of services indicated through a plan-to-plan agreement, administrative services agreement, or other type of agreement. If the Plan selects “Direct Contract” it is not necessary to complete the remaining columns with respect to that service.
- Risk Types are defined as follows:

**KKA Risk:** An agreement where a full service health plan (“FSHP”) contracts with a specialized health plan (“SHP”) for the provision of specific health care services, and where the SHP assumes full financial risk on a capitated basis for the delivery of delegated services. Such agreements should be filed as Exhibit P-5.

**KKA Lease:** An agreement between a FSHP and a SHP where the FSHP utilizes the SHP’s provider network for the provision of specific health care services, and for which the FSHP retains full financial risk for the delivery of health care services (i.e. no capitation). Such contracts should be filed as Exhibit N-1. Please note, a FSHP licensed to offer EPO products may desire to enter into an agreement with a SHP for the delivery of health care services under an EPO product. If the SHP is not licensed to offer an EPO product, the parties may enter into an agreement whereby the SHP provides access to its network of providers.

**NON KKA:** An agreement between a FSHP and a non-licensed entity where the FSHP utilizes the entity’s provider network for the provision of specific health care service, and for which the FSHP retains full financial risk for the delivery of health care services (i.e. no capitation). Such contracts should be filed as Exhibit N-1.

Service	Network Arrangement	Name of Entity (If subcontract)	Risk Type	Exhibit	New or Existing Contract	Utilization Management	Grievance and Appeals
Acupuncture	<input type="checkbox"/> Direct Contract <input type="checkbox"/> Subcontract		<input type="checkbox"/> KKA Risk <input type="checkbox"/> KKA Lease <input type="checkbox"/> Non-KKA	<input type="checkbox"/> P-5 <input type="checkbox"/> N-1	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor
Pediatric Dental	<input type="checkbox"/> Direct Contract <input type="checkbox"/> Subcontract		<input type="checkbox"/> KKA Risk <input type="checkbox"/> KKA Lease <input type="checkbox"/> Non-KKA	<input type="checkbox"/> P-5 <input type="checkbox"/> N-1	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor
Pediatric Vision	<input type="checkbox"/> Direct Contract <input type="checkbox"/> Subcontract		<input type="checkbox"/> KKA Risk <input type="checkbox"/> KKA Lease <input type="checkbox"/> Non-KKA	<input type="checkbox"/> P-5 <input type="checkbox"/> N-1	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor
Mental Health/ Substance Use Disorder	<input type="checkbox"/> Direct Contract <input type="checkbox"/> Subcontract		<input type="checkbox"/> KKA Risk <input type="checkbox"/> KKA Lease <input type="checkbox"/> Non-KKA	<input type="checkbox"/> P-5 <input type="checkbox"/> N-1	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor
Pharmacy	<input type="checkbox"/> Direct Contract <input type="checkbox"/> Subcontract		<input type="checkbox"/> KKA Risk <input type="checkbox"/> KKA Lease <input type="checkbox"/> Non-KKA	<input type="checkbox"/> P-5 <input type="checkbox"/> N-1	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Plan <input type="checkbox"/> Subcontractor