

## 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 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 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 than 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_