

HMO CONTRACTS WITH IDSs
Annual Filing Form
For the Year ending December 31, _____
Summarizing contracts with IDSs that assume financial risk.

Name of HMO _____
Date of filing _____
Contact person _____

1. a). Have any new IDS contracts been entered into in the previous year? [Yes] ____ [No] ____
b). If "Yes", was an initial filing form submitted for each new contract? [Yes] ____ [No] ____
c). If "No", please file the contract(s) with an initial filing form at this time.

2. a). Have any contracts been **amended or terminated** during the previous year? [Yes] ____ [No] ____
b). If "Yes", was a contract change filing form submitted with the amended or terminated contract(s)? [Yes] ____ [No] ____
c). If "No", please file the amended or terminated contract(s) with a contract change filing form at this time.

3. a). Has ownership or control of any of the IDSs changed during the previous year? [Yes] ____ [No] ____
b). If "Yes", please specify the IDS and identify the new owners or controllers.

4. a). Since submission of the last filing form, have there been any changes to the chart or list which presents the identities of and the interrelationships between the IDS and its subcontractors? [Yes] ____ [No] ____
b). If "Yes", please attach a revised chart or list, which identifies the IDS and its subcontractors. Include a description of the IDS functions transferred to each subcontractor.

5. a). Since submission of the last filing form, have any events occurred which caused the HMO to change its plan for monitoring the IDS's financial condition? [Yes] ____ [No] ____
b). If "Yes", please identify each IDS and the changes in the HMO's monitoring plan for each IDS.

6. a). Does the HMO contract with IDSs that do not provide the HMO with audited financial statements on an annual basis and un-audited interim statements on a regular ongoing basis? [Yes] ____ [No] ____
b). If "Yes", please indicate whether the HMO uses other financial controls. Please identify:

7. a). Have any of the IDSs failed to maintain contractually agreed upon insurance or financial security instruments? [Yes] ____ [No] ____
- b). If “Yes”, identify the IDS and specify how the HMO plans to protect itself from potential risks resulting from the IDS failing to maintain adequate insurance or financial security instruments.
- _____
- _____
- _____
8. a). Has the HMO received information from each IDS, with reserves, such that the HMO was able to adequately evaluate the IDS’s reserves? [Yes] ____ [No] ____
- b). If “No”, please explain what measures the HMO is taking to ensure that adequate reserves are being maintained to cover the HMO’s subscribers.
- _____
- _____
- _____
9. a). Since submission of the last filing form, has the source of funds to satisfy any potential deficit resulting from a specific, individual risk sharing arrangement changed? [Yes] ____ [No] ____
- b). If “Yes”, please identify the IDS and the change in the source of funds to satisfy potential deficits.
- _____
- _____
- _____
10. a). Have any of the IDSs changed the specific functions they are performing for the HMO? [Yes] ____ [No] ____
- b). If “Yes”, please identify the IDS and the change in functions.
- _____
- _____
- _____
11. a). Does an IDS perform claims processing, payment or adjudication functions? [Yes] ____ [No] ____
- b). If “Yes”, please identify the entity performing any of these functions
- _____
- _____
- _____
12. a). Does an IDS have managerial control over the HMO’s information system? [Yes] ____ [No] ____
- b). If “Yes”, please identify the entity performing this function.
- _____
- _____
- _____
13. a). Does the HMO employ any individual also employed by one or more of its IDSs? [Yes] ____ [No] ____
- b). If “Yes”, please identify the individual and functions performed for the HMO and for the IDS.

14. a). Is there any overlap between the officers and directors of the IDS and the HMO? [Yes] ____ [No] ____
b). If "Yes", please identify the individual(s).

15. a). Have any of the HMO's IDSs been subject to administrative orders, cease and desist orders, fines or suspensions during the previous year? [Yes] ____ [No] ____
b). If "Yes", please identify the IDS and specify the order, etc.

16. a). Has any legal action been taken against an IDS during the previous year that could affect the IDS's ability to perform? [Yes] ____ [No] ____
b). If "Yes", please identify the IDS and explain.

17. a). Are there any outstanding loans to either the IDS or its employees from the HMO? [Yes] ____ [No] ____
b). If "Yes", please explain.

18. Please complete the table for all IDSs that assume financial risk.