

Instructions for Filing the Financial Reporting Related to Paid Claims Form:

Notwithstanding any instructions in this Contract that may be inconsistent, the following applies only for purposes of explaining the requirements of this report. The numbered terms set forth below correspond with the numbers or headings on the report.

General

This report shall be required for reporting supplemental data that will assist the actuary in capturing the full amount of compensation paid to providers by the Contractor. The paid amounts in the encounter data may be zero or some other amount less than the total compensation paid to a provider. This report shall be submitted to OHA no later than October 1st of every year, for the previous year.

Instructions

- (1) Include all subcontracts outside of fee for service that were in effect anytime during the Contract Year.
- (2) Use a separate row for each subcontract.
- (3) Complete all columns that apply:

Column 1: “**Description of Subcontract**” describe the nature of the subcontract (subcapitated, performance bonus, risk sharing, risk withhold, etc.)

Column 2: “**Subcontract Effective Date**” is the first day within the Contract Year that the subcontract was effective. This will normally be the first day of the Contract Year, but if the agreement covers only a portion of the Contract Year, it may be different.

Column 3: “**Subcontract Expiration Date**” is the last day within the Contract Year that the subcontract was effective. This will normally be the last day of the Contract Year, but if the subcontract covers only a portion of the Contract Year, it may be different.

Column 4: “**Rendering Provider ID**” is the identifier used in the MMIS system.

Column 5: “**Rendering Provider Name**” is the name of the Participating Provider.

Column 6: “**Population Covered by Subcontract**” if all of the Members are covered under the subcontract, enter “All”; if the population covered is restricted in any way (such as by age, gender, or geographic area), describe the restriction.

Column 7: “**Services/Claim Types Covered by Subcontract**” if all services normally

covered under the Contract are covered by the subcontract, enter "All"; if the services covered under the subcontract are restricted in any way, describe the restriction.

Column 8: **"Prepayment Amount"** amount paid under the subcontract on a prepaid basis.

Column 9: **"Withhold %"** the percentage of payment withheld under the subcontract for the purpose of sharing risk. (Enter the percentage as a decimal, (for example, for 20% enter .20).

Column 10: **"Withhold Amount Reimbursed"** amount withheld under Column 9, that was reimbursed to the Subcontractor.

Column 11: **"Settlement Amount"** amount of settlement payments to the Subcontractor, including but not limited to bonuses, quality and utilization incentives, infrastructure investment and program directed expenses. (Do not include reimbursements accounted for in Column 10.)

Column 12: **"Other Compensation Amount"** any other amount that has not already been listed or paid on a fee schedule.

