

## Key Contract Terms and Considerations

### CBO and Managed Care Organizations or Healthcare Provider Partnerships

Contract Provision	Key Considerations
<b>Parties</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is your organization contracting directly with the managed care organization (MCO) or with a healthcare provider (e.g., hospital) that contracted directly with an MCO?</li> <li><input type="checkbox"/> Ensure the contract lists the legal names of the entities.</li> </ul>
<b>Contract Term</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> What is the effective date of the contract?               <ul style="list-style-type: none"> <li>○ Will your staff be ready to begin tracking services provided at that time?</li> </ul> </li> <li><input type="checkbox"/> When does the contract end?               <ul style="list-style-type: none"> <li>○ Are there contract terms that extend past the termination date?</li> </ul> </li> <li><input type="checkbox"/> Does the contract automatically renew?               <ul style="list-style-type: none"> <li>○ If not, what is the process to renew or extend the contract?</li> </ul> </li> <li><input type="checkbox"/> How much notice is required to terminate the contract?</li> </ul>
<b>Scope of Work</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> What is the purpose of the project (i.e., how will the services your organization provides improve health outcomes for Medicaid beneficiaries)?</li> <li><input type="checkbox"/> What services will your organization provide to Medicaid beneficiaries?</li> <li><input type="checkbox"/> To whom will your organization provide services?               <ul style="list-style-type: none"> <li>○ How will these individuals be identified?</li> <li>○ How will your organization track which MCO or provider Medicaid members receive services?</li> <li>○ Will services be provided to a specific geographic area or population?</li> </ul> </li> </ul>
<b>Payment Terms</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> How will your organization receive payment for services provided?               <ul style="list-style-type: none"> <li>○ Will the MCO/provider partner provide a monthly or quarterly lump sum payment or payment per service provided?</li> <li>○ Will payments be linked to particular metrics or outcomes? If so, are the performance</li> </ul> </li> </ul>

	<p>benchmarks or thresholds clearly defined in the contract?</p> <ul style="list-style-type: none"> <li>○ Will you provide a monthly or quarterly invoice?</li> </ul> <input type="checkbox"/> How will your organization submit information related to billing (e.g., monthly invoices, claims)?
<b>Reporting Requirements &amp; Deliverables</b>	<input type="checkbox"/> How often will your organization be required to report to the MCO or healthcare provider partner regarding outcomes (i.e., monthly, quarterly, annually)? <input type="checkbox"/> What will the reporting include, and how will it be delivered to the MCO/provider partner?
<b>Data Collection and Sharing</b>	<input type="checkbox"/> What data will your organization be expected to collect and share? <ul style="list-style-type: none"> <li>○ Will the data include protected health information (PHI), or could the partnership be structured to avoid sharing PHI?</li> <li>○ Will your organization need to execute a business associate agreement or data sharing agreement?</li> </ul> <input type="checkbox"/> What data will be provided by the MCO or provider partner to your organization (e.g., Medicaid member data)? <ul style="list-style-type: none"> <li>○ How will the data be shared by and with the MCO or provider partner?</li> </ul> <input type="checkbox"/> What are the obligations for your organization regarding any shared data upon termination of the agreement? <input type="checkbox"/> What are the permitted uses and disclosures for any data shared by the MCO/provider partner?
<b>Other Contract Considerations</b>	<input type="checkbox"/> Review all terms carefully and ensure they match with what your organization agreed upon with the MCO or provider partner. <input type="checkbox"/> Ask about any terms of the contract that your organization does not fully understand. <input type="checkbox"/> Seek review by legal counsel of any agreements, if possible.
<b>HIPAA Resources</b>	<input type="checkbox"/> U.S. Department of Health and Human Services: <ul style="list-style-type: none"> <li>○ <a href="#">Sample Business Associate Agreement</a></li> <li>○ <a href="#">HIPAA Training Materials</a></li> </ul>