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|  **CONTRACTOR:** |  |

**INSTRUCTIONS:** The Contractor shall reference ACOM Policy 438, Section C. regarding Administrative Services Subcontractor Evaluation Report for detailed requirements that are to be incorporated in the report below. If a Subcontractor is NCQA accredited, the Contractor is not required to include the vendor on the report unless there is a Corrective Action Plan (CAP) identified.

| **ADMINISTRATIVE SERVICES SUBCONTRACTOR OR MANAGEMENT SERVICES AGREEMENT (MSA) NAME** | **DELEGATED DUTIES****AND RESPONSIBILITIES** | **REVIEW DATE AND AUDIT TYPE OF THE SUBCONTRACTOR’S OPERATIONAL AND FINANCIAL PERFORMANCE[[1]](#endnote-2)** | **COMPREHENSIVE SUMMARY OF THE EVALUATION OF THE SUBCONTRACTOR’S PERFORMANCE (OPERATIONAL AND FINANCIAL)** | **NEXT SCHEDULED REVIEW DATE** | **IDENTIFIED AREAS****OF DEFICIENCY** | **CORRECTIVE ACTION PLAN (CAP) ISSUED?** **Y/N**  | **CAP STATUS SUMMARY INCLUDING ALL INFORMATION OUTLINED IN ACOM 438 (C)** ***(PROVIDE IN SEPARATE SUMMARY)*** |
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1. Annually, quarterly, etc. [↑](#endnote-ref-2)