

Subcontractor Performance Summary

Date: mm/dd/yy

Relationship Manager Name:

Subcontractor Name:

Services Provided: *(Describe the services being provided by the Subcontractor)*

Scheduled Joint Operating Committee Meetings: *(enter the rhythm of scheduled meetings, i.e., second Tuesday of the month)*

Summary Topics	Contract Compliance? Y/N	Summary
Delegation Metrics*		
Contractually established SLAs*		
Open CAPs, status of each, and resolution timeline*		
Provider Network Adequacy* – <i>This is applicable to those Subcontractors managing this requirement as part of their scope of services.</i>		
Challenges/Issues		
Opportunities for Greater Value		

*Please attach supporting documentation, referencing changes from your last periodic submission.

SAMPLE