



Texas Department of Insurance

Financial Regulation Division—Company Licensing & Registration Office, Mail Code 305-2C

333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

512-322-3507 telephone • 512-490-1035 fax • www.tdi.texas.gov

ORIGINAL / RENEWAL

APPLICATION FOR

CERTIFICATE OF AUTHORITY

TO DO THE BUSINESS OF A HEALTH CARE COLLABORATIVE (HCC) IN THE STATE OF TEXAS TO THE COMMISSIONER OF INSURANCE OF THE STATE OF TEXAS:

(Give name of HCC in full)

whose home office is at _____, _____, _____, _____
(Street Address) (City) (State) (ZIP Code)

hereby applies for a certificate of authority pursuant to Texas Insurance Code (TIC) Chapter 848 and Title 28 Texas Administrative Code (28 TAC) Chapter 13, Subchapter E to do the business of an HCC.

_____ 20_____
(Date)

(Mailing Address)

_____ _____ _____
(City) (State) (ZIP Code)

_____ _____ _____
(Office Phone) (Fax Number) (Toll Free Number)

(Location of Books and Records)

_____ _____
(Date of Organization of the HCC) (Employer Identification Number)

Attach and label the following documents related to:

1. General contents – 28 TAC §13.413(c)
2. Financial information – 28 TAC §13.413(d)
3. Provider and service area information – 28 TAC §13.413(e)
4. Quality assurance and quality improvement information – 28 TAC §13.413(f)
5. Accreditation disclosure – 28 TAC §13.413(g)
6. Market power information – 28 TAC §13.413(h) & (i)

Applicant Officer’s Certification and Attestation

The chair of the governing board of applicant HCC must read the following very carefully:

I hereby certify:

1. I have read the application, I am familiar with its contents, and all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for discipline or other administrative action and may subject me or the applicant, or both, to civil or criminal penalties.
2. The applicant acknowledges that enrollees of the HCC may obtain care from any physician or health care provider in the HCC.

3. The applicant has demonstrated that the HCC contracts with a sufficient number of primary care physicians and other providers in the HCC's service area.
4. The applicant has demonstrated the willingness and potential ability to ensure that health care services will be provided in a manner that increases collaboration among providers, integrates health care services, and promotes quality based health care outcomes, patient safety, patient engagement, coordination of services, and the reduction of the occurrence of potentially preventable events.
5. The applicant has demonstrated processes that: contain health care costs without jeopardizing quality of care; develop, compile, evaluate, and report data on performance measures relating to quality and cost of health care services, relevant utilization patterns, and availability and accessibility of services; and address complaints.
6. The applicant has demonstrated adequate working capital and reserves for sufficient operation of the HCC to provide for services and expenses as incurred.
7. The applicant has demonstrated that the HCC is not likely to reduce competition in any relevant market as to the size of the collaborative or its composition; and the pro-competitive benefits of the proposed HCC likely outweigh the anticompetitive effects of any increase in market share.
8. I affirm that this application and related documents have been drafted and information collected and transmitted in the preparation of this application has been maintained and protected as confidential, compliant with 28 TAC §13.413 and §13.426.
9. The application meets the requirements of TIC §848.056.
10. The application is compliant with all rules adopted by the commissioner under TIC §848.151.
11. The applicant acknowledges that it is solely responsible for the direct payment of fees to outside counsel and other relevant professionals contracted by the Texas Department of Insurance (TDI), which are necessary for the review of the required application antitrust information, regardless of whether TDI approves the application.
12. If a renewal, the application includes a transmittal form specifying the items that have not changed and an attestation as required by 28 TAC §13.424(c).
13. I certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct.

Date

Signature of Chair of the Governing Board of the Applicant

Full Legal Name

Date

Signature of Second Principal Officer of the Applicant
Renewal Applications Only – TIC §848.060(b)(1)

Full Legal Name and Title

STATE OF _____

COUNTY OF _____

On this day personally appeared _____, Chair of Governing Board of the Applicant, and _____, Second Principal Officer of the Applicant, being persons known to me, and who each after being duly sworn stated on his or her oath that the statements and representations contained in this form are true and correct.

Chair of Applicant's Governing Board
Subscribed and sworn to be the said affiants on the _____ day of _____, 20____.

Second Principal Officer of Applicant

(SEAL)

Notary Public in and for _____

County, State of _____