



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

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REQUEST TO CONVERT TO RENEWAL OF 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:

On behalf of _____ (Give name of HCC in full)

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

we request that a consolidation of the pending examination and the renewal of certificate of authority be granted pursuant to Texas Insurance Code (TIC) Chapter 848 and Title 28 Texas Administrative Code (28 TAC) Chapter 13, Subchapter E, to allow the entity to continue 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 competitions 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, 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 foregoing 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

Full Legal Name and Title

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person and officer whose name (Name of Chair of the Governing Board of the Applicant) is subscribed to the foregoing instrument and acknowledged to me that the same was the act of the said corporation, and that he or she executed the same as the act of such corporation for the purposes and consideration therein expressed, and in the capacity therein stated.

GIVEN under my hand and seal of office, this the _____ day of _____, 20_____.

(Signature of Notary)

(Printed Name of Notary)

Notary Public in and for the County
of _____,
State of _____

(Seal)