

Application for Certificate of Authority
to do the business of a Health Care Collaborative (HCC) in the state of Texas

Original Renewal

To the commissioner of insurance in the state of Texas:

_____ (state full name of Health Care Collaborative)

whose home office is located at (physical/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 (TAC) Chapter 13, Subchapter E, to do business of a Health Care Collaborative.

_____ (Date of Application)

_____ (Date of the HCC's Organization)

Mailing Address

_____ City _____ State _____ Zip Code _____

_____ Office Phone _____ Fax _____ Toll Free _____

Location of Books & Records

_____ City _____ State _____ Zip Code _____

Attach 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 §413.413(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, that I am familiar with its contents, and that 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, promotes quality based health care outcomes, promotes patient safety, promotes patient engagement, promotes 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; demonstrated processes to develop, compile, evaluate and report data on performance measures relating to quality and cost of health care services and relevant utilization patterns and availability and accessibility of services; and demonstrated processes to 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 anti-competitive 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. 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).

I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated and signed this _____ day of _____, 20 _____

Signature of Chair of the Governing Board of the Applicant

Full Legal Name

State of _____

County of _____

BEFORE ME, _____, a notary public in and for stated County and State, on this day personally appeared _____, known to me or proved to me on the oath of _____ or through _____ (description of identity card) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that s(he) executed the same for the purpose and consideration therein expressed.

Given under my hand seal of office this _____ day of _____, 20 _____.

(notary seal)

(Notary Public)

My commission expires _____