

# State of Tennessee



## THE DEPARTMENT OF COMMERCE AND INSURANCE

DIVISION OF INSURANCE

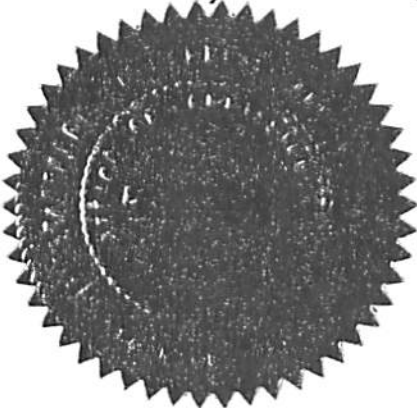
Whereas, the UNIVERSITY OF TENNESSEE HEALTH PLAN INCORPORATED  
a corporation organized under the laws of the STATE OF  
TENNESSEE and located at KNOXVILLE, TENNESSEE

having complied with such of the requirements of the Insurance laws of Tennessee as are applicable to the said corporation in order to enable it to transact business herein; now, therefore, I, the undersigned, The Commissioner of Commerce and Insurance do hereby license and authorize the said UNIVERSITY OF TENNESSEE HEALTH PLAN INCORPORATED subject to all the requirements and conditions of the laws to transact the business of \_\_\_\_\_

HEALTH MAINTENANCE: INCLUDING MEDICAL AND RELATED HEALTH SERVICES

\_\_\_\_\_ Insurance  
in the State of Tennessee, from NOVEMBER 23, 19 93  
until suspended or revoked.

In witness whereof, I have hereunto set my hand and caused the seal of my office to be affixed, at City of Nashville, in the State of Tennessee, this 23rd day of November A. D. 19 93.



Elaine A. McReynolds  
The Commissioner of Commerce and Insurance

**INSTRUCTIONS - BIOGRAPHICAL DATA**

This affidavit is to be submitted by each officer and director of the company. The affidavit shall be typewritten with original signature and properly notarized.

COMPANY NAME: The University of Tennessee Health Plan Incorporated

**AFFIDAVIT CONCERNING EDUCATION, PRIOR OCCUPATION,  
BUSINESS EXPERIENCE AND SUPPLEMENTARY INFORMATION**

STATE OF TENNESSEE

COUNTY OF KNOX

The undersigned, being first duly sworn upon oath, deposes and says:

1. The affiant's full name is (initials not acceptable):

2. The affiant's official title and principal duties with the insurance company are or will be:

Director, Acting President

3. The affiant's business address is:

The University of Tennessee, Memphis

telephon

4. The affiant's residence address is:

5. The affiant's age is:

6. Was affiant ever known by any other name(s) other than that shown above?  
YES \_\_\_\_\_ NO XX

If yes, state such other name(s), when used, reason for change, and date of adoption or present name.

**DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT**

**I. Identifying Information**

(a) Name of Entity	D/B/A	Provider #	Telephone #
BLUE CROSS BLUE SHIELD OF TENNESSEE		N/A	(423) 755-5600
Street Address	City, County State	Zip Code	
801 PINE STREET	CHATTANOOGA, HAMILTON, TENNESSEE	37402	

Chain Affiliate No. I I I I I

II. Answer the following questions "Yes" or "No". If any of the questions are answered "yes", list names and addresses of individuals or corporations under Remarks on page 6. Identify each item number to be continued.

A. Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

Yes \_\_\_\_\_ No  X

B. Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

Yes \_\_\_\_\_ No  X

C. Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months?

N/A Yes \_\_\_\_\_ No \_\_\_\_\_

III.(a) List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on page 6. If more than one individual is reported and any of these persons are related to each other, this must be reported under Remarks.

Name	Address	EIN
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N/A NON-PROFIT CORPORATION

**TENNESSEE HEALTH PARTNERSHIP  
PROVIDER NETWORK AGREEMENT (AGENT)**

This Agreement is made between **TENNESSEE HEALTH PARTNERSHIP ("THP")**, a Tennessee joint venture, and the entity named on the signature page of this Agreement ("Agent").

**R E C I T A L S**

- A. Agent has developed and established a network of Providers and has been duly authorized by each Provider to represent, legally bind and commit each Provider to provide Designated Covered Services to Enrollees pursuant to the terms of this Agreement.
- B. THP desires to establish a network of health care providers to provide cost effective Covered Services to Enrollees.
- C. THP further desires to arrange for the provision of Covered Services to Enrollees by network providers pursuant to a Master Agreement between THP and each Payor.
- D. THP and Agent mutually desire that each Provider become a member of such provider network for the purposes of providing Designated Covered Services to Enrollees.
- E. References to Provider in this Agreement shall mean each Provider included in Agent's THP Network.

NOW, THEREFORE, in consideration of the above recitals and the mutual covenants of the parties set forth below, it is agreed as follows:

**ARTICLE I**

**Definitions**

The following definitions shall be used in the interpretation and implementation of this Agreement.

1.1 "Addendum" means any amendment or supplement to this Agreement identifying a Payor Plan and setting forth certain essential provisions of the Payor Plan that are necessary for Provider to provide and Payee to bill for Designated Covered Services provided to Enrollees covered under the Master Agreement in a manner permitted by this Agreement and such Master Agreement. All provisions of each Addendum are incorporated herein by reference and shall be deemed a part of this Agreement. A list of all Addenda attached to this Agreement as of the time of its execution by the parties is set forth on the List of Addenda attached to this Agreement as Exhibit 2. Addenda may be deleted or added to this Agreement by THP as provided in Section 14.2 of this Agreement.

VSHP I

December 6, 1996

Mr. William Young, Deputy Commissioner  
Tennessee Department of Commerce and Insurance  
TennCare<sup>SM</sup> Division  
500 James Robertson Parkway - Suite 750  
Nashville, Tennessee 37243

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96 DEC -9 AM 10:19



C&I TENNCARE

VIA FEDERAL EXPRESS

Re: Material Modifications of the Certificates of Authority for Volunteer State Health Plan - Eastern Tennessee ('VSHP-ET') and Volunteer State Health Plan ('VSHP')

Dear Mr. Young:

This letter is a request for material modification of the Certificates of Authority for Volunteer State Health Plan - Eastern Tennessee ('VSHP-ET') and Volunteer State Health Plan ('VSHP'). This request is based on a proposal recently submitted to the Bureau of TennCare<sup>SM</sup> outlining a change in the administration of pharmacy services.

Based on discussions with Lisa Jordan and Vicky Stotzer at the Tennessee Department of Commerce and Insurance, I am submitting the following documents for your review:

- A copy of the proposal submitted to the Bureau of TennCare<sup>SM</sup> justifying the new copayment rate structure for pharmacy services.
- A letter that will be used to notify members of the new copayment liability for pharmacy services and the effective date of the change.
- One check in the amount of one-hundred (\$100) to cover the cost of the filing fees for VSHP and VSHP-ET.

Please note the original proposal was submitted prior to the filing of Charter Amendments for VSHP and Volunteer State Health Plan II (VSHP II). The proposal is applicable to VSHP-ET and VSHP.

I anticipate these documents will be helpful in your review. As a result of the short time frame, I am in hopes that you will be able to expedite the process and provide a response by December 13, 1996. If I may be of further assistance, please do not hesitate to contact me at 423-752-8347.

Sincerely,

Becky Owen  
Compliance & Regulatory Assurance

Attachments



THE UNIVERSITY OF TENNESSEE HEALTH PLAN INCORPORATED

RECEIVED

FEB 07 1994

Dept. of Commerce & Insurance  
EXAMINATION SECTION

- VIA CERTIFIED MAIL -

January 25, 1994

Rhonda Bowling  
500 James Robertson Parkway  
4th Floor  
Nashville, Tennessee 37243-1135

CORR _____	CHARTER <input checked="" type="checkbox"/>
EXM _____	HOLDING CO _____
OTRLY _____	A/S _____
RRG/PC _____	TPA _____
NAIC _____	TAX _____
DATE <u>2/8/94</u>	INITIAL <u>RWB</u>

In re: TPA Registration for the University of Tennessee Health Plan Incorporated

Dear Ms. Bowling:

This letter will confirm our conversation of Tuesday, January 25, 1994 in which we discussed the registration requirements for TPA by a duly licensed health maintenance organization. As we discussed, it is our understanding that TCA §56-6-401(3) exempts a "duly licensed health maintenance organization" from the definition of "administrator" in the statute. Accordingly, it will not be necessary for The University of Tennessee Health Plan to register with the commissioner or provide for any licensing requirements as provided in TCA §56-6-410 et. seq. as amended.

If this does not reflect your understanding, please contact me immediately as The University of Tennessee Health Plan Incorporated intends to begin administering a number of TPAs both to self-funded single employers under ERISA as well as other entities.

Thank you for your assistance in this matter. If you should have any further questions, please do not hesitate to contact me.

Sincerely,

Steven W. Roads  
General Counsel and Secretary

SWR/rl  
cc: William Macko, Jr.  
UTHP Directors