CONTRACT #17
RFS # 318.66-017

Department of F&A
Bureau of TennCare

VENDOR:
Unison Health Plan of Tennessee, Inc. (formerly Better Health Plans, Inc.)

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

JUN 09 2006

FISCAL REVIEW

APPROVED
Commissioner of Finance & Administration Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-017		
STATE AGENCY NAME :	Department of Finance and Administration, Bureau of TennCare		
SERVICE CAPTION :	Managed Care Organization Services/Medically Necessary Health Care Services to the TennCare/Medicaid Population		
CONTRACT #	FA-02-14858-00	PROPOSED AMENDMENT #	11
CONTRACTOR :	Unison Health Plan of Tennessee, Inc. (formerly Better Health Plans, Inc.)		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		
CURRENT MAXIMUM LIABILITY :	$462,601,359.65		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	$471,126,753.65		
APPROVAL CRITERIA : (select one)	☒ use of Non-Competitive Negotiation is in the best interest of the state		
	☐ only one uniquely qualified service provider able to provide the service		

ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)

(1) description of the proposed additional service and amendment effects :

This amendment provides modifications to MCO language including: (1) Fraud and Abuse clarification regarding MCOs investigative work in conjunction with the Office of Inspector General; (2) Redefine targets to move away from trends and provide consistent benchmarks among MCOs, including increasing EPSDT benchmark to 80; (3) Modify Credentialing to 30 day performance standard from receipt of completed application for reviewing and loading into system; add LD for non-compliance; (4) Revise Liquidated Damages to add specific LDs, clarify language of compliance with notice requirements vs. appeals, and provide consistency with Middle TN RFP Pro Forma; (5) Update benefit package to reflect current requirements for July 1 including soft limits and cost effective use of Chiropractic services; (6) Update Appeal language to reflect recent Grier filings; (7) Revise provider payment requirement to reflect current operations, TPL, Utilization Summaries and 1099; (8) Make revisions for consistency throughout the Agreement, including EPSDT, Provider Agreement, and Reporting; and (9) Provide funding to continue services for additional six month period.

(2) explanation of need for the proposed amendment :

This amendment is needed to make above modifications as well as provide funding for additional six month period.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

890 Willow Tree Circle, Cordova, TN 38018

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:	☒ Documentation Not Applicable to this Request	☐ Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:	☒ Documentation Not Applicable to this Request	☐ Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with current changes in the TennCare program. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval by the Commissioner of F&A.

AGENCY HEAD REQUEST SIGNATURE:
(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

CONTRACT SUMMARY SHEET

RFS Number:	318.66-017	Contract Number:	FA-02-14858-11
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor	Contract Identification Number	
Unison Health Plan of Tennessee, Inc. (formerly Better Health Plans, Inc.)	☐ V- ☐ C-	25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	4A3	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	$ 26,124,717.00	$ 45,799,618.00			$ 71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2004	$ 27,913,691.56	$ 50,639,483.09			$ 78,553,174.65
2005	$ 35,530,800.00	$ 60,400,900.00			$ 95,931,700.00
2006	$ 35,530,800.00	$ 60,400,900.00			$ 95,931,700.00
2007	$ 19,935,760.00	$ 36,555,484.00			$ 56,491,244.00
Total:	$171,576,768.56	$ 299,549,985.09			$ 471,126,753.65

CFDA#: 93.778 Title XIX Dept. of Health and Human Services

State Fiscal Contract

Name: Scott Pierce
Address: 310 Great Circle Road
Nashville, TN
Phone: (615)507-6415

Procuring Agency Budget Officer Approval Signature

Scott Pierce

Check the box ONLY if the answer is YES

- Is the Contractor a SUBRECIPIENT? (per OMB A-133) ☐
- Is the Contractor a Vendor? (per OMB A-133) ☐
- Is the Fiscal Year Funding STRICTLY LIMITED? ☐
- Is the Contractor on STARS? ☐
- Is the Contractor's FORM W-9 ATTACHED? ☐
- Is the Contractor's Form W-9 Filed with Accounts? ☐

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
END DATE:	12/31/2006	
FY: 02	$71,924,335.00	
FY: 03	$72,294,600.00	
FY: 04	$78,553,174.65	
FY: 05	$95,931,700.00	
FY: 06	$95,931,700.00	
FY: 07	$47,965,850.00	$8,525,394.00
Total:	$462,601,359.65	$8,525,394.00

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number	318.66-017	Contract Number	FA-02-14858-10
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	Contract Identification Number
Unison Health Plan of Tennessee, Inc. (formerly Better Health Plans, Inc.)	☐ V- ☐ C- 25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	413	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Including ALL amendments
2002	$ 26,124,717.00	$ 45,799,618.00			$ 71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2004	$ 27,913,691.56	$ 50,639,483.09			$ 78,553,174.65
2005	$ 35,530,800.00	$ 60,400,900.00			$ 95,931,700.00
2006	$ 35,530,800.00	$ 60,400,900.00			$ 95,931,700.00
2007	$ 16,928,350.00	$ 31,037,500.00			$ 47,965,850.00
Total:	$168,569,358.56	$ 294,032,001.09			$ 462,601,359.65

CFDA# 93.778 Title XIX Dept. of Health and Human Services

State Fiscal Contact

Name: Scott Pierce
Address: 310 Great Circle Road
Phone: Nashville, TN
(615)507-6415

Procuring Agency Budget Officer Approval Signature

Scott Pierce

Scott Pierce

Check the box ONLY if the answer is YES

- Is the Contractor a SUBRECIPIENT? (per OMB A-133)
- Is the Contractor a Vendor? (per OMB A-133)
- Is the Fiscal Year Funding STRICTLY LIMITED?
- Is the Contractor on STARS?
- Is the Contractor's FORM W-9 ATTACHED?
- Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
END DATE	12/31/2006	
FY: 02	$71,924,335.00	
FY: 03	$72,294,600.00	
FY: 04	$78,553,174.65	
FY: 05	$95,931,700.00	
FY: 06	$95,931,700.00	
FY: 07	$47,965,850.00	
Total:	$462,601,359.65	$0.00

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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OFFICE OF
MANAGEMENT SERVICES

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FISCAL REVIEW

CONTRACT SUMMARY SHEET

RFS Number	318.66-017	Contract Number	FA-02-14858-09
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	Contract Identification Number	
Unison Health Plan of Tennessee, Inc. (formerly Better Health Plans, Inc.)	☐ V- ☐ C-	25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	413	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	$ 26,124,717.00	$ 45,799,618.00			$ 71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2004	$ 27,913,691.56	$ 50,639,483.09			$ 78,553,174.65
2005	$ 35,530,800.00	$ 60,400,900.00			$ 95,931,700.00
2006	$ 35,530,800.00	$ 60,400,900.00			$ 95,931,700.00
2007	$ 16,928,350.00	$ 31,037,500.00			$ 47,965,850.00
Total	$168,569,358.56	$ 294,032,001.09			$ 462,601,359.65

CFDA# 93.778 Title XIX Dept. of Health and Human Services

State Fiscal Contact

Name: Scott Pierce
Address: 310 Great Circle Road
Nashville, TN
Phone: (615)507-6415

Procuring Agency Budget Officer Approval Signature

Scott Pierce

Check the box ONLY if the answer is YES:

- Is the Contractor a SUBRECIPIENT? (per OMB A-133)
- Is the Contractor a Vendor? (per OMB A-133)
- Is the Fiscal Year Funding STRICTLY LIMITED?
- Is the Contractor on STARS?
- Is the Contractor's FORM W-9 ATTACHED?
- Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
END DATE	12/31/2006	
FY: 02	$71,924,335.00	
FY: 03	$72,294,600.00	
FY: 04	$78,553,174.65	
FY: 05	$95,931,700.00	
FY: 06	$95,931,700.00	
FY: 07	$47,965,850.00	
Total	$462,601,359.65	

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

OCR RELEASED
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TO ACCOUNTS

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Office of Contracts Review

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FISCAL REVIEW

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2005 DEC 28 PM 2:06
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

RFS Number	318.66-017		FA-02-14858-08
State Agency	Department of Finance and Administration		Bureau of TennCare
BETTER HEALTH PLANS, INC		☐ V- ☐ C-	25-1825549

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001	12/31/2006

318.66	413	134	11	☐ STARS		

2002	$ 26,124,717.00	$ 45,799,618.00			$ 71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2004	$ 27,913,691.56	$ 50,639,483.09			$ 78,553,174.65
2005	$ 35,530,800.00	$ 60,400,900.00			$ 95,931,700.00
2006	$ 35,530,800.00	$ 60,400,900.00			$ 95,931,700.00
2007	$ 16,928,350.00	$ 31,037,500.00			$ 47,965,850.00
	$168,569,358.56	$ 294,032,001.09			$ 462,601,359.65

93.778 Title XIX Dept. of Health and Human Services

Scott Pierce
729 Church Street
Nashville, TN
(615)532-1362

Scott Pierce

	12/31/2006	
FY: 02	$71,924,335.00	
FY: 03	$72,294,600.00	
FY: 04	$78,553,174.65	
FY: 05	$95,931,700.00	
FY: 06	$95,931,700.00	
FY: 07	$47,965,850.00	
	$462,601,359.65	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

318.66-017	FA-02-14858-07
Department of Finance and Administration	Bureau of TennCare

BETTER HEALTH PLANS, INC

☐ V-
☐ C-

25-1625549

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001 — 12/31/2006

318.66	413	134	11	☐ STARS		
2002	$ 26,124,717.00	$ 45,799,618.00			$	71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00			$	72,294,600.00
2004	$ 27,913,691.56	$ 50,639,483.09			$	78,553,174.65
2005	$ 35,530,800.00	$ 60,400,900.00			$	95,931,700.00
2006	$ 35,530,800.00	$ 60,400,900.00			$	95,931,700.00
2007	$ 16,928,350.00	$ 31,037,500.00			$	47,965,850.00
	$168,569,358.56	$ 294,032,001.09			$	462,601,359.65

93.778

Scott Pierce
729 Church Street
Nashville, TN
(615)532-1362

Scott Pierce

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	12/31/2005	12/31/2006
FY: 02	$71,924,335.00	
FY: 03	$72,294,600.00	
FY: 04	$78,553,174.65	
FY: 05	$78,553,174.65	$17,378,525.35
FY: 06	$39,276,587.33	$56,655,112.67
FY: 07		$47,965,850.00
	$340,601,871.63	$121,999,488.02

CONTRACT SUMMARY SHEET

RFS Number	318.66-017	Contract Number	FA-02-14858-06
State Agency	Department of Finance and Administration	Bureau	Bureau of TennCare
Contractor		Social Security Identification Number	
BETTER HEALTH PLANS, INC		☐ V- ☐ C-	25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Current Begin Date	Current End Date
7/1/2001	12/31/2005

Vendor Code	Fund Code	Cost Center	Grant Code	Grant	Grant Code	Subgrant Code
318.66	413	134	11	☐ STARS		

Year	State Funds	Federal Funds	Interdepartmental Transfers	Other Funding	Total Contract Amount (Including Amendments)
2002	$ 26,124,717.00	$ 45,799,618.00			$ 71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2004	$ 27,913,691.56	$ 50,639,483.09			$ 78,553,174.65
2005	$ 27,913,691.56	$ 50,639,483.09			$ 78,553,174.65
2006	$ 13,956,845.78	$ 25,319,741.55			$ 39,276,587.33
Total	$122,449,945.90	$ 218,151,925.73			$ 340,601,871.64

CFDA # 93.778

State Contact

Name: Dean Daniel
Address: 729 Church Street
Nashville, TN
Phone: (615)532-1362

Agency Budget Officer Approval Signature

Dean Daniel — Dean Daniel 6/22/04

COMPLETE FOR ALL AMENDMENTS ONLY

	Effective Date of Amendment	Total Contract Amount
EFFECTIVE DATE	12/31/2005	
FY: 02		
FY: 03		
FY: 04		
FY: 05		
FY: 06		
Total	$0.00	$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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2004 JUN 23 PM 3:28
LEGAL OFFICE
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CONTRACT SUMMARY SHEET

TN Number	318.66-017	Contract Number	FA-02-14858-05
State Agency	Department of Finance and Administration	Bureau	Bureau of TennCare

Contractor Name	Contractor Federal Tax Number
BETTER HEALTH PLANS, INC	☐ V- ☐ C- 25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Period	
7/1/2001	12/31/2005

Program Code	Cost Center	Object Code	Fund			
318.66	413	134	11	☐ STARS		

Fiscal Year	Federal Funds	State Funds	Other Funds	Total Contract Amount Per Fiscal Year
2002	$ 26,124,717.00	$ 45,799,618.00		$ 71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00		$ 72,294,600.00
2004	$ 27,913,691.56	$ 50,639,483.09		$ 78,553,174.65
2005	$ 27,913,691.56	$ 50,639,483.09		$ 78,553,174.65
2006	$ 13,956,845.78	$ 25,319,741.55		$ 39,276,587.33
Total	$122,449,945.90	$ 218,151,925.73		$ 340,601,871.64

FEDWIN: 93.778

Agency Contact

Name: Dean Daniel
Address: 729 Church Street
Nashville, TN
Phone: (615)532-1362

Dean Daniel *Dean Daniel* 12/23/03

	Contract Amount	Amendments
Original Contract	12/31/2005	
FY: 02	$71,924,335.00	
FY: 03	$72,294,600.00	
FY: 04	$78,553,174.65	
FY: 05	$78,553,174.65	
FY: 06	$39,276,587.33	
Total	$340,601,871.64	$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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DEC 8 0 2003
Contracts Review

CONTRACT SUMMARY SHEET

Contract Number	FA-02-14858-04
Agency	Department of Finance and Administration
Bureau	Bureau of TennCare
Contractor	BETTER HEALTH PLANS, INC
Contractor Federal Tax Number	☐ V- ☐ C- 25-1825549
Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
Contract Beginning Date	7/1/2001
Contract Ending Date	12/31/2005

Allotment Code	Program Code	Unit Code	Sub-Unit Code	Sub-Unit Code	Sub-Unit Code
318.66	413	134	11	☐ STARS	

	State Funds	Federal Funds	Interdepartmental Funds	Total Contract Amount	Cumulative Amount
2002	$ 26,124,717.00	$ 45,799,618.00			$ 71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2004	$ 27,913,691.56	$ 50,639,483.09			$ 78,553,174.65
2005	$ 27,913,691.56	$ 50,639,483.09			$ 78,553,174.65
2006	$ 13,956,845.78	$ 25,319,741.55			$ 39,276,587.33
Total	$122,449,945.90	$ 218,151,925.73			$ 340,601,871.64

Indirect Cost Rate: 93.778

Contractor's Contact Person: Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Authorized Signature: Dean Daniel 6/30/03

Dean Daniel

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	Total Contract Amount	Total Encumbrance
	12/31/2005	
FY: 02	$71,924,335.00	$0.00
FY: 03	$72,294,600.00	$0.00
FY: 04	$72,294,600.00	$6,258,574.65
FY: 05	$72,294,600.00	$6,258,574.65
FY: 06	$36,147,300.00	$3,129,287.33
TOTAL	$324,955,435.00	$15,646,436.64

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JUN 30 2003
Office of Contracts Review

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2003 JUL -2 AM 9:26
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number		Contract Number	FA-02-14858-03
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contractor Identification Number	
BETTER HEALTH PLANS, INC		☐ V- ☐ C-	25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/01	12/31/05

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	413	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including all amendments)
2002	$ 26,124,717.00	$ 45,799,618.00			$ 71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2004	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2005	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2006	$ 13,270,500.00	$ 22,876,800.00			$ 36,147,300.00
Total	$119,018,217.00	$ 205,937,218.00			$ 324,955,435.00

CFDA # 93.778

Check the box if the answer is YES

State Fiscal Contact

Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Program Agency Budget Officer Approval Signature

Dean Daniel — Dean Daniel 7/2/02

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract Amount	This Amendment ONLY
END DATE	12/31/05	
FY: 02		
FY: 03		
FY: 04		
FY: 05		
FY: 06		
Total	$0.00	$0.00

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

SI Number		Contract Number	FA-02-14858-02
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
BETTER HEALTH PLANS, INC		☐ V- ☐ C-	25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/01	12/31/05

Treatment Code	Cost Center	Program Code	Fund	Grant Code	Sub-Unit Code	Sub-Unit Code
318.66	413	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Fundings	Total Contract Amount Including All Amendments
2002	$ 26,124,717.00	$ 45,799,618.00			$ 71,924,335.00
2003	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2004	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2005	$ 26,541,000.00	$ 45,753,600.00			$ 72,294,600.00
2006	$ 13,270,500.00	$ 22,876,800.00			$ 36,147,300.00
Total	$119,018,217.00	$ 205,937,218.00			$ 324,955,435.00

CFDA # 93.778

State Fiscal Contact

Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Requiring Agency Budget Officer Approval Signature

Dean Daniel — Dean Daniel 7/1/02

COMPLETE FOR ALL AMENDMENTS

	Beginning Date	Ending Date
END DATE	12/31/05	
FY: 02	$71,924,335.00	$0.00
FY: 03	$71,924,335.00	$370,265.00
FY: 04	$71,924,335.00	$370,265.00
FY: 05	$71,924,335.00	$370,265.00
FY: 06	$35,962,168.00	$185,132.00
Total	$323,659,508.00	$1,295,927.00

Approval Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neal, Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

FA-01-14234-01	Tennessee Department of Finance and Administration
RFB # 318.88-017	Bureau of TennCare

Better Health Plans, Inc.	☒ V— ☐ C—	25-1825549

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

April 1, 2001	December 31, 2005

318.88	109	134	11	☐ on STARS	

FY 01	$20,748,810	$35,473,799			$56,220,609
FY 02	$28,124,717	$45,799,618			$71,924,335
FY 03	$28,124,717	$45,799,618			$71,924,335
FY 04	$28,124,717	$45,799,618			$71,924,335
FY 05	$28,124,717	$45,799,618			$71,924,335
FY 06	$13,062,359	$22,899,809			$35,962,168
	$138,308,037	$241,572,080			$379,880,117

☐
☐
☐
☒
☒
☐

93,779

Keith Gaither
729 Church Street, Nashville TN 37247-6501
(615) 532-3911

Keith Gaither / RDD 6/29/01
Keith Gaither

Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	12/31/03	
FY 01	$56,220,609	
FY 02	$224,882,436	$(152,958,101)
FY 03	$224,882,436	$(152,958,101)
FY 04	$112,441,218	$(40,516,882)
FY 05		$71,924,335
FY 06		$35,962,168
	$618,426,698	$(238,546,582)

RDD + Mary Ann
Agree w/ Comptroller
on Summary
7/17/01

CONTRACT SUMMARY SHEET

Contract Number	FA-01-14234-~~02~~ 02	State Agency	Tennessee Department of Finance and Administration
	RFS # 318.66-017	Division	Bureau of TennCare

Contractor	Vendor ID Number
Better Health Plans, Inc.	☒ V— ☐ C— 25-1825549

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
April 1, 2001	December 31, 2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	109	134	11	☐ on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
FY 01	$20,746,810	$35,473,799			$56,220,609
FY 02	$26,124,717	$45,799,618			$71,924,335
FY 03	$26,124,717	$45,799,618			$71,924,335
FY 04	$26,124,717	$45,799,618			$71,924,335
FY 05	$26,124,717	$45,799,618			$71,924,335
FY 06	$13,062,359	$22,899,809			$35,962,168
Total	$138,308,037	$241,572,080			$379,880,117

☐	Fiscal Year Funding Is Strictly Limited	CFDA Number	93.778
☐	Contractor is on STARS	State Fiscal Contact	
☐ ☒	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name Address Phone	Keith Gaither 729 Church Street, Nashville TN 37247-6501 (615) 532-3911
☒	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
☐	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	Keith Gaither / RDW 10/16/01 Keith Gaither	

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
ontract End Date		
Total		

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

OCR Use Only

PASSED
OCT 30 2001
DIVISION OF ACCOUNTS

RECEIVED
2001 OCT 25 PM 12:
COMPTROLLER'S OFFIC
OFFICE OF
MANAGEMENT SERVICE