CONTRACT #18
RFS # 318.66-029

Department of F&A
Bureau of TennCare

VENDOR:
John Deere
(formerly Heritage National Health Plan of TN)

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 #	318.66-029		
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-02-14860-00	**PROPOSED AMENDMENT #**	10
CONTRACTOR :	John Deere (formerly Heritage National Health Plan of TN)		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		
CURRENT MAXIMUM LIABILITY :	$829,121,057.57		
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)	$844,214,611.57		
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)

408 North Cedar Bluff Road, Suite 400, Knoxville, TN 37923

(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:	318.66-029	Contract Number:	FA-02-14860-10
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor	Contract Identification Number
JOHN DEERE (formerly Heritage National Health Plan of TN)	☐ V- ☐ C-

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	4A4	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	$ 46,137,900.00	$ 80,885,019.00			$ 127,022,919.00
2003	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2004	$ 49,908,299.02	$ 90,540,889.55			$ 140,449,188.57
2005	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2006	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2007	$35,294,730.00	$ 64,718,674.00			$100,013,404.00
Total:	$ 307,539,529.02	$ 536,675,082.55			$ 844,214,611.57

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

State Fiscal Contract

Name: Scott Pierce
Address: 310 Great Circle Road
Phone: Nashville, TN (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	$127,022,919.00	
FY: 03	$137,049,700.00	
FY: 04	$140,449,188.57	
FY: 05	$169,839,700.00	
FY: 06	$169,839,700.00	
FY: 07	$84,919,850.00	$15,093,554.00
Total:	$829,121,057.57	$15,093,554.00

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:	318.66-029	Contract Number:	FA-02-14860-09
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor	Contract Identification Number
JOHN DEERE (formerly Heritage National Health Plan of TN)	☐ V- ☐ C-

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	414	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	$ 46,137,900.00	$ 80,885,019.00			$ 127,022,919.00
2003	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2004	$ 49,908,299.02	$ 90,540,889.55			$ 140,449,188.57
2005	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2006	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2007	$ 29,970,350.00	$ 54,949,500.00			$ 84,919,850.00
Total:	$ 302,215,149.02	$ 526,905,908.55			$ 829,121,057.57

OCR RECEIVED MAR 1 2006 TO ACCOUNTS

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	$127,022,919.00	
FY: 03	$137,049,700.00	
FY: 04	$140,449,188.57	
FY: 05	$169,839,700.00	
FY: 06	$169,839,700.00	
FY: 07	$84,919,850.00	
Total	$829,121,057.57	$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.

RECEIVED 2006 MAR 28 AM 11:20 COMPTROLLER'S OFFICE OFFICE OF MANAGEMENT SERVICES

RECEIVED APR 03 2006 FISCAL REVIEW

OCR MAR 27 2006 RECEIVED

CONTRACT SUMMARY SHEET

RES Number:	318.66-029	Contract Number:	FA-02-14860-08
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor	Contract Identification Number
JOHN DEERE (formerly Heritage National Health Plan of TN)	☐ V- ☐ C-

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	414	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	$ 46,137,900.00	$ 80,885,019.00			$ 127,022,919.00
2003	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2004	$ 49,908,299.02	$ 90,540,889.55			$ 140,449,188.57
2005	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2006	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2007	$ 29,970,350.00	$ 54,949,500.00			$ 84,919,850.00
Total:	$ 302,215,149.02	$ 526,905,908.55			$ 829,121,057.57

OCR RELEASED
JAN 0 5 2006
TO ACCOUNTS

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

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	$127,022,919.00	
FY: 03	$137,049,700.00	
FY: 04	$140,449,188.57	
FY: 05	$169,839,700.00	
FY: 06	$169,839,700.00	
FY: 07	$84,919,850.00	
Total:	$829,121,057.57	$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.

RECEIVED
JAN 09 2006
FISCAL REVIEW

RECEIVED
2006 JAN -3 AM 9:29
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

REQUEST: NON-COMPETITIVE AMENDMENT

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 #	318.66-029		
STATE AGENCY NAME :	Deparatment 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-02-14860-00	PROPOSED AMENDMENT #	7
CONTRACTOR :	John Deere (formerly Heritage National Health Plan of TN)		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		
CURRENT MAXIMUM LIABILITY :	$829,121,057.57		
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)	$829,121,057.57		
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 :

Implements the TennCare Reform language as approved by CMS and the courts; Requires NCQA accrediation; strengthens conflict of interst disclosure requirements; strengthens MCO financial requirements; lowers the administrative fee to mirror TennCare Select; as well as various other housekeeping issues involving language clarifications.

(2) explanation of need for the proposed amendment :

Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended financial requirements and language clarifications.

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

408 North Cedar Bluff Road, Suite 400, Knoxville, TN 37923

(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 attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities, as well as modify financial administration requirements. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.

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: 6-15-06

CONTRACT SUMMARY SHEET

RFS Number:	318.66-029	Contract Number:	FA-02-14860-07
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor

JOHN DEERE (formerly Heritage National Health Plan of TN)

Contractor Identification Number

☐ V-
☐ C-

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	414	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	$ 46,137,900.00	$ 80,885,019.00			$ 127,022,919.00
2003	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2004	$ 49,908,299.02	$ 90,540,889.55			$ 140,449,188.57
2005	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2006	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2007	$ 29,970,350.00	$ 54,949,500.00			$ 84,919,850.00
Total	$ 302,215,149.02	$ 526,905,908.55			$ 829,121,057.57

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

State Fiscal Contact

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

Originating 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 this Fiscal Year Funding STRICTLY LIMITED?
- Is the Contract on STARS?
- Is the Contractor's FORM W-9 ATTACHED?
- Form 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	$127,022,919.00	
FY: 03	$137,049,700.00	
FY: 04	$140,449,188.57	
FY: 05	$169,839,700.00	
FY: 06	$169,839,700.00	
FY: 07	$84,919,850.00	
Total	$829,121,057.57	$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.

CONTRACT COVER SHEET

318.66-029	FA-02-14860-06
Department of Finance and Administration	Bureau of TennCare

JOHN DEERE (formerly Heritage National Health Plan of TN). ☐ V- ☐ C-

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

7/1/2001 — 12/31/2006

318.66	414	134	11	☐ STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	$ 48,137,900.00	$ 80,885,019.00			$ 127,022,919.00
2003	$ 50,369,400.00	$ 86,680,300.00			$ 137,049,700.00
2004	$ 49,908,299.02	$ 90,640,889.55			$ 140,449,188.57
2005	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2006	$ 62,904,600.00	$ 106,935,100.00			$ 169,839,700.00
2007	$ 29,970,350.00	$ 54,949,500.00			$ 84,919,850.00
	$ 302,215,149.02	$ 526,905,908.55			$ 829,121,057.57

93.778

Name:	Scott Pierce
Address:	729 Church Street Nashville, TN
Phone:	(615)532-1882

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	$127,022,919.00	
FY: 03	$137,049,700.00	
FY: 04	$140,449,188.57	
FY: 05	$140,449,188.57	$29,390,511.43
FY: 06	$70,224,594.28	$99,615,105.72
FY: 07		$84,919,850.00
	$615,195,590.42	$213,925,467.15

CONTRACT SUMMARY SHEET

RFS Number	318.66-029	Contract Number	FA-02-14860-05
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	Contract Identification Number
JOHN DEERE (formerly Heritage National Health Plan of TN)	☐ V- ☐ C-

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	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	414	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	$ 46,137,900.00	$ 80,885,019.00			$ 127,022,919.00
2003	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2004	$ 49,908,299.02	$ 90,540,889.55			$ 140,449,188.57
2005	$ 49,908,299.02	$ 90,540,889.55			$ 140,449,188.57
2006	$ 24,954,149.51	$ 45,270,444.77			$ 70,224,594.28
Total:	$ 221,298,047.55	$ 393,897,542.87			$ 615,195,590.42

CFDA # 93.778

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 Contract on 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?

State Fiscal Contact

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

Procuring Agency Budget Officer Approval Signature

Dean Daniel — Dean Daniel 6/22/04

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.

COMPLETE FOR ALL AMENDMENTS ONLY

	Base Contract Plus Prior Amendments	This Amendment ONLY
ENDDATE	12/31/2005	
FY: 02		
FY: 03		
FY: 04		
FY: 05		
FY: 06		
Total:	$0.00	$0.00

RECEIVED
2004 JUN 25 AM 10: 20
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-029	Contract Number:	FA-02-14860-04
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	
JOHN DEERE (formerly Heritage National Health Plan of TN)		☐ V- ☐ C-	

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	12/31/2005

Fund Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	414	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	$ 46,137,900.00	$ 80,885,019.00			$ 127,022,919.00
2003	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2004	$ 49,908,299.02	$ 90,540,889.55			$ 140,449,188.57
2005	$ 49,908,299.02	$ 90,540,889.55			$ 140,449,188.57
2006	$ 24,954,149.51	$ 45,270,444.77			$ 70,224,594.28
Total	$ 221,298,047.55	$ 393,897,542.87			$ 615,195,590.42

CFDA # 93.778

State Fiscal Contact

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

Check the box ONLY if the answer is YES:

- Is the Contractor a SUBRECIPIENT as per OMB A-133?
- Is the Contractor a Vendor as per OMB A-133?
- Is this a Cost Reimbursement Contract?
- Is the Contractor a STARS?
- Is the Contractor a FORMAY AWARDED?
- Is the Contractor a Form W-9 Filed with Accounts?

Preparing Agency Budget Officer Approval Signature

Dean Daniel — Dean Daniel 12/23/03

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.

TO COMPLETE FOR ALL AMENDMENTS ONLY

	Base Contract + Prior Amendments	This Amendment ONLY
END DATE	12/31/2005	
FY: 02	$127,022,919.00	
FY: 03	$137,049,700.00	
FY: 04	$140,449,188.57	
FY: 05	$140,449,188.57	
FY: 06	$70,224,594.28	
Total	$615,195,590.42	$0.00

RECEIVED
DEC 30 2003
Office of Contracts Review

CONTRACT SUMMARY SHEET

318-66-029	FA-02-14860-03
Department of Finance and Administration	Bureau of TennCare

OHN DEERE (formerly Heritage National Health Plan of TN) ☐ V- ☐ C-

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

/1/2001, 12/31/2005

Agency Code				☐ STARS		
318.66	414	134	11			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments	
2002	$ 46,137,900.00	$ 80,885,019.00			$	127,022,919.00
2003	$ 50,389,400.00	$ 86,660,300.00			$	137,049,700.00
2004	$ 49,908,299.02	$ 90,540,889.55			$	140,449,188.57
2005	$ 49,908,299.02	$ 90,540,889.55			$	140,449,188.57
2006	$ 24,954,149.51	$ 45,270,444.77			$	70,224,594.28
	$ 221,298,047.55	$ 393,897,542.87			$	615,195,590.42

93.778

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

Dean Daniel Dean Daniel 6/30/03

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	
FY: 02	$127,022,919.00	$0.00
FY: 03	$137,049,700.00	$0.00
FY: 04	$137,049,700.00	$3,399,488.57
FY: 05	$137,049,700.00	$3,399,488.57
FY: 06	$68,524,850.00	$1,699,744.28
	$606,696,869.00	$8,498,721.42

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Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number		Contract Number	FA-02-14860-02
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	Contract Identification Number
JOHN DEERE (formerly Heritage National Health Plan of TN)	☐ V- ☐ C-

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	414	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	$ 46,137,900.00	$ 80,885,019.00			$ 127,022,919.00
2003	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2004	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2005	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2006	$ 25,194,700.00	$ 43,330,150.00			$ 68,524,850.00
Total:	$222,500,800.00	$ 384,196,069.00			$ 606,696,869.00

CFDA #: 93.778

Check the box ONLY if the answers 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 a STARS
- Is the Contractor's FORM W-9 ATTACHED
- Is the Contractor's Form W-9 filed with Accounts

State Fiscal Contact

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

Procuring Agency Budget Officer Approval Signature

Dean Daniel — Dean Daniel 7/1/02

COMPLETE FOR ALL AMENDMENTS (ONLY)

	Base Contract & Prior Amendments	This Amendment ONLY
END DATE		
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

RFS Number:		Contract Number:	FA-02-14860-01
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	
JOHN DEERE (formerly Heritage National Health Plan of TN)		☐ V- ☐ C-	

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	Program	Program Code	Subgrant Code
318.66	414	134	11	☐ STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments
2002	$ 46,137,900.00	$ 80,885,019.00			$ 127,022,919.00
2003	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2004	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2005	$ 50,389,400.00	$ 86,660,300.00			$ 137,049,700.00
2006	$ 25,194,700.00	$ 43,330,150.00			$ 68,524,850.00
Total	$222,500,800.00	$ 384,196,069.00			$ 606,696,869.00

CFDA: 93.778

Check the box if the answer is YES

State Fiscal Contact

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

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 a STARS
Is the Contractor a FORMWATCH LISTED
Is the Contractor a Form W-9 Filed with Accounting

Procuring Agency/Budget Office Approval Signature

Dean Daniel *Dean Daniel* 7/1/02

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
END DATE	12/31/05	
FY: 02	$127,022,919.00	$0.00
FY: 03	$127,022,919.00	$10,026,781.00
FY: 04	$127,022,919.00	$10,026,781.00
FY: 05	$127,022,919.00	$10,026,781.00
FY: 06	$63,511,459.50	$5,013,390.50
Total	$571,603,135.50	$35,093,733.50

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.