



BlueCareSM
TennCareSelect

1 Cameron Hill Circle
Chattanooga, Tennessee 37402
bluecare.bcbst.com

EXHIBIT [X]
EXHIBIT FOR SUBCONTRACTOR COMPLIANCE
WITH TERMS OF THE BLUECARE TENNESSEE PROVIDER AGREEMENT

_____ (“Contractor”) has entered or will enter into an agreement (the “Provider Agreement”) with Volunteer State Health Plan, Inc. d/b/a BlueCare Tennessee (“BlueCare Tennessee”), a duly-licensed health maintenance organization, to provide certain healthcare services (the “Covered Services”) to BlueCare Tennessee members. Both the State of Tennessee and BlueCare Tennessee require that any party to whom Contractor subcontracts or delegates its obligations under the Provider Agreement is held to the same standards as Contractor when performing the contracted or delegated services. The intent of this Exhibit is to ensure Subcontractor (as that term is defined below) is informed of and agrees to comply with the applicable provisions of the Provider Manual, Provider Agreement, and the Contractor Risk Agreement.

By signing below, _____ (“Subcontractor”) represents that it has received and/or reviewed a copy of the Provider Agreement, attached hereto as Attachment A, a copy of the BlueCare Tennessee’s applicable Provider Manual, and the Contractor Risk Agreement. Subcontractor understands that in performing its responsibilities under the Agreement between Contractor and Subcontractor to which this Exhibit is attached, it may provide certain Covered Services to BlueCare Tennessee members on Contractor’s behalf. Subcontractor agrees that, to the extent it provides any Covered Services to BlueCare Tennessee members, Subcontractor shall comply with all provisions of the Provider Agreement (including compliance with the Provider Manual as well as the terms of the Contractor Risk Agreement between the State of Tennessee and BlueCare Tennessee and the Agreement for the Administration of TennCareSelect between the State of Tennessee and BlueCare Tennessee) to the same extent Contractor would be obligated to comply with the Provider Agreement had Contractor provided the Covered Services.

Contractor:

Subcontractor:

By: _____

By: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Address: _____

Address: _____

Date: _____

Date: _____

Legal Name:

Tax ID:

NPI:

[Insert Provider Name]
BlueCare Tennessee Provider
Subcontractor Exhibit 1.22.2025 v1

BlueCare Tennessee