

	<h1>CONTRACT</h1>	HCA Contract Number: <b>K1471</b> Resulting from Solicitation Number: <b>RFA 14-031</b> Contractor Contract Number:
--	-------------------	--

**THIS Contract is made and entered into by and between the Washington State Health Care Authority ("HCA") and the party whose name appears below ("Contractor").**

<b>CONTRACTOR NAME</b> <b>Puget Sound High Value Network LLC</b>	<b>CONTRACTOR doing business as (DBA)</b> <b>NA</b>
<b>CONTRACTOR ADDRESS</b> <b>1100 Ninth Ave</b> <b>PO Box 900, MS: GB-ADM</b> <b>Seattle, WA 98101</b>	<b>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</b> <b>603244534</b>

<b>CONTRACTOR CONTACT</b> <b>Julie Sylvester, Executive Director</b>	<b>CONTRACTOR TELEPHONE</b> <b>(206) 341-1343</b>	<b>CONTRACTOR E-MAIL ADDRESS</b> <b>Julie.Sylvester@virginiamason.org</b>
---	--	--

<b>HCA PROGRAM</b> <b>PEBB</b>	<b>HCA DIVISION/SECTION</b> <b>PEBB Contracts</b>
-----------------------------------	--

<b>HCA CONTACT NAME AND TITLE</b> <b>Louis McDermott, PEBB Division Director</b>	<b>HCA CONTACT ADDRESS</b> <b>626 8<sup>th</sup> Ave SE</b> <b>Olympia, WA 98504</b>
---	--

<b>HCA CONTACT TELEPHONE</b> <b>(360) 725-0891</b>	<b>HCA CONTACT E-MAIL ADDRESS</b> <b>louis.mcdermott@hca.wa.gov</b>
---	--

<b>IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>CFDA NUMBER(S)</b> ; ; ; ;	<b>FFATA Form Required</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---	----------------------------------	---

<b>CONTRACT START DATE</b> Date of Execution	<b>CONTRACT END DATE</b> December 31, 2019	<b>TOTAL MAXIMUM CONTRACT AMOUNT</b> NA
---	---	--

**PURPOSE OF CONTRACT:** Contractor will offer a high-value, accountable care option to individuals, who are in the Public Employees Benefits Board's (PEBB) non-Medicare risk pool and eligible for benefits offered by PEBB, effective January 1, 2016. The high-value option, or Accountable Care Program, will deliver high-quality care; be accountable financially and clinically for a defined population (including hospital and specialty care), and produce measurable improved health outcomes.

**ATTACHMENTS/EXHIBITS.** When the box below is marked with an X, the following Exhibits/Attachments are attached and are incorporated into this Contract Amendment by reference:  
 Exhibit(s) (specify): 1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.2, 4.3, 5, 6, 7, 8, 9, 10, 11  
 Attachment(s) (specify): Exhibit 1.2, Attachment 1; Exhibit 5, Attachment 1

The terms and conditions of this Contract are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Contract. The parties signing below warrant that they have read and understand this Contract, and have authority to execute this Contract. This Contract shall be binding on HCA only upon signature by HCA.

<b>CONTRACTOR SIGNATURE</b>  	<b>PRINTED NAME AND TITLE</b>  	<b>DATE SIGNED</b>  
<b>CONTRACTOR GUARANTOR SIGNATURE</b> <b>EvergreenHealth Partners, LLC</b>	<b>PRINTED NAME AND TITLE</b>  	<b>DATE SIGNED</b>  
<b>CONTRACTOR GUARANTOR SIGNATURE</b> <b>Multicare Connected Care, LLC</b>	<b>PRINTED NAME AND TITLE</b>  	<b>DATE SIGNED</b>  
<b>CONTRACTOR GUARANTOR SIGNATURE</b> <b>Virginia Mason Medical Center</b>	<b>PRINTED NAME AND TITLE</b>  	<b>DATE SIGNED</b>  
<b>HCA SIGNATURE</b>  	<b>PRINTED NAME AND TITLE</b>  	<b>DATE SIGNED</b>  

## TABLE OF CONTENTS

1	OVERVIEW .....	4
1.1	RECITAL OF PARTIES .....	4
1.2	PURPOSE & SCOPE .....	4
2	SPECIAL TERMS AND CONDITIONS.....	5
2.1	TERM .....	5
2.2	HCA OBLIGATIONS .....	5
2.3	CONTRACTOR OBLIGATIONS.....	6
2.4	COVERED SERVICES NOT PERFORMED BY ACP PROGRAM PROVIDERS .....	16
2.5	HCA SENIOR ACCOUNT SPONSOR & ACP ACCOUNT MANAGER DESIGNATION ..	16
2.6	COMMUNICATION & PUBLICITY .....	17
2.7	FINANCIAL APPROACH AND GUARANTEES .....	18
2.8	COMPENSATION AND PAYMENT .....	19
2.9	BILLING AND INVOICE .....	21
2.10	CONTRACT MANAGEMENT AND ADMINISTRATION.....	23
2.11	NOTICES.....	24
2.12	ORDER OF PRECEDENCE .....	25
2.13	PEBB APPROVAL .....	25
2.14	GUARANTY OF ACP OBLIGATIONS.....	25
3	GENERAL TERMS AND CONDITIONS.....	26
3.1	ACCESS TO DATA.....	26
3.2	ADVANCE PAYMENT PROHIBITED.....	26
3.3	AMENDMENTS .....	26
3.4	ASSIGNMENT .....	26
3.5	ATTORNEYS' FEES.....	27
3.6	CHANGE IN STATUS.....	27
3.7	COMPLIANCE WITH APPLICABLE LAW.....	27
3.8	CONFIDENTIAL INFORMATION PROTECTION.....	28
3.9	CONFLICT OF INTEREST .....	28
3.10	CONSTRUCTION.....	29
3.11	COVENANT AGAINST CONTINGENT FEES.....	29
3.12	DEBARMENT .....	29
3.13	DEFENSE OF LEGAL ACTIONS.....	30
3.14	DISPUTES.....	30
3.15	FORCE MAJEURE .....	31
3.16	GOVERNING LAW AND VENUE.....	32
3.17	INDEMNIFICATION AND HOLD HARMLESS .....	32
3.18	INDEPENDENT CAPACITY OF THE CONTRACTOR.....	32
3.19	INDUSTRIAL INSURANCE COVERAGE.....	33
3.20	INSURANCE.....	33
3.21	NO THIRD-PARTY BENEFICIARIES.....	34
3.22	NONDISCRIMINATION .....	34
3.23	OVERPAYMENT AND ASSERTION OF LIEN.....	34
3.24	PUBLIC RECORDS ACT .....	34
3.25	RECORDS, DOCUMENTS, REPORTS AND DATA OWNERSHIP .....	35
3.26	REMEDIES NON-EXCLUSIVE .....	35
3.27	RIGHT OF INSPECTION.....	36
3.28	SAFEGUARDING OF INFORMATION.....	36
3.29	SEVERABILITY .....	37

3.30	SITE SECURITY.....	37
3.31	SUBCONTRACTING .....	37
3.32	SURVIVABILITY .....	37
3.33	SYSTEM SECURITY .....	38
3.34	TAXES.....	38
3.35	TERMINATION .....	38
3.36	WAIVER .....	41
3.37	DEFINITIONS.....	41
EXHIBIT 1	SERIES – CONTRACTOR OBLIGATIONS .....	50
Exhibit 1.1	Contractor Pre-Launch Activities .....	51
Exhibit 1.2	Care Transformation .....	54
Exhibit 1.2	Attachment 1 .....	60
Exhibit 1.3	Member Services & Member Experience .....	69
EXHIBIT 2	SERIES – HCA OBLIGATIONS.....	73
Exhibit 2.1	HCA Pre-Launch Activities .....	74
Exhibit 2.2	Reports .....	75
Exhibit 2.3	Data Elements.....	78
Exhibit 2.4	HCA Reports – Data Confidentiality Restrictions .....	80
EXHIBIT 3	SERIES – FINANCE .....	81
Exhibit 3.1	Reduction of Net Deficit.....	82
Exhibit 3.2	Form Notice of Late Report .....	84
Exhibit 3.3	Financial Terms.....	85
Exhibit 3.4	Examples of Calculations for Net Savings and Deficits.....	89
Exhibit 3.5	Attribution.....	91
Exhibit 3.6	Financial Reconciliation Summary Form .....	93
EXHIBIT 4	SERIES – NETWORK PARAMETERS.....	94
Exhibit 4.1	ACP Partner Providers List.....	95
Exhibit 4.2	ACP Partner Provider Agreements, Material Terms .....	96
Exhibit 4.3	ACP Affiliate Provider Agreements, Material Terms .....	99
EXHIBIT 5	QUALITY ACHIEVEMENT MEASUREMENT PROGRAM.....	100
Exhibit 5	Attachment 1 .....	140
EXHIBIT 6	PLAN SUPPLIER LIST.....	142
EXHIBIT 7	DATA SHARING AGREEMENT .....	143
EXHIBIT 8	BUSINESS ASSOCIATE AGREEMENT .....	155
EXHIBIT 9	HEALTH CARE AUTHORITY RFA NO. 14-031.....	164
EXHIBIT 10	CONTRACTOR’S RESPONSE TO HCA RFA NO. 14-031.....	165
EXHIBIT 11	Summary of Proprietary/Confidential Information .....	166

**CONTRACT NUMBER K1471**  
for the  
**PUGET SOUND ACCOUNTABLE CARE PROGRAM**  
between the  
**WASHINGTON STATE HEALTH CARE AUTHORITY**  
and  
**PUGET SOUND HIGH VALUE NETWORK, LLC**  
and  
**EvergreenHealth Partners LLC**  
and  
**Multicare Connected Care LLC**  
and  
**Virginia Mason Medical Center**

**1 OVERVIEW**

**1.1 RECITAL OF PARTIES**

- A. This Contract is made and entered into by and between the Washington State Health Care Authority (HCA), Puget Sound High Value Network, LLC (Contractor), EvergreenHealth Partners LLC (Co-Guarantor), Multicare Connected Care LLC and Virginia Mason Medical Center (Co-Guarantor), herein after collectively referred to as “the parties”.
- B. The Third-Party Administrator (TPA) of the Uniform Medical Plan (UMP) is not a party to this Contract and has no rights under this Contract.

**1.2 PURPOSE & SCOPE**

- A. The purpose of this Contract is to provide an Accountable Care Program (ACP) option, effective January 1, 2016, to Public Employees Benefits Board (PEBB) program Members.
- B. HCA is contracting with Contractor to achieve the triple aim for PEBB Members: better health, better care, and lower costs. This Contract describes the financial and quality guarantees that Contractor must achieve through a combination of effective care delivery models, aligned health system reimbursement, and financial incentives.
- C. This Contract assists HCA's efforts to drive accountable care and value-based purchasing strategies statewide in an effort to phase out traditional Fee-For-Service (FFS) payment models, which focus on volume rather than the value of

care provided; align provider, payer and consumer incentives; and reward value, quality, effectiveness and efficiency. This Contract is a part of HCA's Healthier Washington Initiative and results from Request for Applications No. 14-031, which is incorporated by reference into this Contract.

## 2 SPECIAL TERMS AND CONDITIONS

### 2.1 TERM

- A. Subject to its other provisions, the Term of this Contract shall be from April 20, 2015 or the date of delivery of the last signature to this Contract by a party, whichever is later ("Effective Date"), and through December 31, 2019 unless terminated sooner as provided herein.
- B. The parties may extend this Contract, at contract terms mutually agreed to by the parties, for up to five (5) additional years in whatever time increments HCA deems appropriate. If HCA does not want to exercise its option to extend the Contract, HCA must provide written notice to the Contractor at least ninety (90) calendar days before the end of the current Contract term.

### 2.2 HCA OBLIGATIONS

- A. HCA will perform the Pre-Launch Period activities as described in Exhibit 2.1.
- B. HCA will perform and provide to Contractor the Financial Reconciliation as specified in Section 2.7 of this Contract and in Exhibit 3.3, along with a copy of Exhibit 3.6, *Financial Reconciliation Summary Form*, signed by the HCA Contract manager. This will include a summary of the Contractor's performance on the Quality Measures described in Exhibit 5. HCA will perform and provide to Contractor the first Financial Reconciliation on or before August 1, 2017, and every August 1 thereafter for the period of the Contract. HCA will provide a test Financial Reconciliation on or before August 1, 2016.
- C. HCA will direct Plan Suppliers listed in Exhibit 6 to deliver data within the format and deadline requirements described in Exhibit 2.2. To accomplish such deliveries in compliance with applicable laws and contractual restrictions with Plan Suppliers:
  - i. The Contractor will contract with and use a Data Intermediary for purposes of receiving claims and other data from, or from a Plan Supplier on behalf of, HCA, except for the daily authorization reports which will be delivered directly to the Contractor from the TPA of UMP. However, HCA reserves the right to provide written authorization for a report(s) to be delivered directly to the ACP.
  - ii. The Contractor will require its Data Intermediary to use commercially reasonable efforts to preserve the confidentiality and not disclose to the Contractor or ACP Program Providers any Specific Pricing Information except as expressly provided in this Contract and as set forth in Exhibit 2.4.

- D. HCA will promote ACP Plan enrollment by creating a financial differential and/or benefit enhancement, compared to UMP Classic. Plan design will incentivize PEBB Members enrolled in the ACP Plan to seek services within the Contractor's network and that promotes and furthers the goal of medically appropriate utilization. HCA has sole discretion on benefit design decisions.
- E. **Senior Account Sponsor(s).** HCA must identify a Senior Account Sponsor(s) to perform the responsibilities in Section 2.5(A) of this Contract. The initial Senior Account Sponsor(s) must be designated by June 1, 2015. By January 15 of each Plan Year, HCA shall send written notice of the Senior Account Sponsor(s) for that Plan Year.

## 2.3 CONTRACTOR OBLIGATIONS

- A. **Organizational Structure, Partners, and Commitment to Accountable Care.** Contractor will provide a comprehensive clinically integrated network that includes:
  - (i) Adequate geographical coverage across multiple contiguous counties. Initial coverage must be provided across the five (5) county Puget Sound Region, including King, Thurston, Pierce, Snohomish, and Kitsap Counties. For each Plan Year, enrollment in the ACP product will only be offered to Members with an address in the PEB Division's system of record that reflects residency in any of these five (5) counties in which the Contractor has a sufficient number of ACP Program Providers; Members with an address in the PEB Division's system of record that reflects residency outside of counties in which Contractor has ACP Program Providers cannot enroll in an ACP Product but may be attributed to the ACP. The HCA reserves the right to seek an amendment to this Contract to extend coverage to additional Washington State Counties to meet the operational and strategic objectives of the PEBB Program and its Members. Any such amendment shall require mutual, written agreement of the parties as provided in Section 3.3 below.
  - (ii) A broad spectrum of services that assure high-quality delivery of HCA's Covered Services, and data and clinical systems that support the delivery of evidence-based care.
  - (iii) A single, unified vision and leadership structure, with commitment of senior leaders, backed by the required resources to implement and support the vision.
- B. **Coordinating and Standardizing Care: Improving Outcomes and Lowering Costs.** Contractor shall be accountable for managing all aspects of ACP Members' care starting on January 1, 2016. Under this Contract, Contractor will manage HCA's total per member per year costs while delivering high quality care and will share the Gross Deficit or Gross Savings with HCA to the extent provided in this Contract. Contractor will work with HCA to implement care coordination and quality improvement (QI) strategies that will achieve the following goals;
  - (i) Work to improve ACP Members' health;
  - (ii) Address chronic conditions and major acute conditions through effective prevention and screening;

- (iii) Coordinate the care of ACP Members with chronic conditions, particularly for complex ACP Members with physical and behavioral health conditions;
- (iv) Implement Bree Collaborative recommendations and HCA clinical policies that have been approved by HCA's Chief Medical Officer.
  - (a) HCA's Chief Medical Officer will collaborate with Contractor by September 30 of each year to identify any changes to implementing Bree Collaborative recommendations or other emerging best practices as agreed to by the parties and HCA clinical policies at the start of the next Plan Year. HCA will give notice to Contractor by October 1 of each year of any Bree Collaborative recommendations or other emerging best practices as agreed to by the parties and HCA clinical policies that must have a quality improvement (QI) plan, with the same information and parameters required for other QI plans in this Contract developed for the next Plan Year;
  - (b) If HCA's Chief Medical Officer determines that delaying implementation to the start of the next Plan Year may have adverse consequences for ACP Members or HCA, HCA will work collaboratively with Contractor to expedite implementation, during a Plan Year.
- (v) Participate with the TPA of UMP in implementation of mandatory Health Technology Clinical Committee (HTCC) coverage determinations on a date determined by HCA.

**C. Timely Access to Care.** In accordance with the requirements set forth in Exhibit 1.3, Contractor will:

- (i) Provide appropriate and timely access to care for ACP Members
- (ii) Offer and provide appropriate telephone consultations, virtual visits (including email), telemedicine, and home monitoring.
- (iii) Include after-hours access to care.

**D. Care Transformation Strategies.** Contractor has discretion on how to design and operationalize care transformation strategies within and across ACP Program Providers. However, the Contractor must implement the care transformation strategies with the requirements described in Exhibit 1.2.

**E. Pre-Launch Period Requirements.** The Contractor will fulfill the Pre-Launch Period requirements as stated in Exhibit 1.1. HCA can terminate this Contract for cause under Section 3.35(A) if Contractor fails to fulfill a Pre-Launch Period requirement.

**F. ACP Member Engagement and Experience.** The Contractor is responsible to provide a high quality ACP Member experience to include the following:

- (i) To encourage healthy behaviors, as well as help ACP Members identify which types of testing and treatments are appropriate, Contractor will proactively engage ACP Members. Contractor tools must be understandable and culturally and linguistically appropriate for ACP Members and will include:

- the importance of a primary care provider (PCP) and proactive support in selecting a primary care provider;
- tools to support decision-making on clinical options;
- an interactive Member portal website that meets the requirements of Section 2(d) of Exhibit 1.3;
- current provider listings;
- information on how to access primary, specialty and behavioral health providers;
- and a dedicated Contact Center with call center advocates.

Contractor must provide language translation service and TTY/TDD services in accordance with state and federal law.

- (ii) Each year, prior to the start of the PEBB Annual Open Enrollment, Contractor will submit a work plan to HCA describing the efforts and materials that Contractor will use to reach out proactively to welcome Members who elect the Contractor's ACP for the next Plan Year.
- (iii) Beginning in November 2015, and each year thereafter, Contractor will provide at least one (1) trained representative to attend the PEBB Annual Open Enrollment benefit fairs, between the hours of 8:00AM and 5:00PM Pacific Time, conducted in the service area of the Contractor's providers. Benefit fair representatives will be trained in the ACP-specific details of UMP benefits, network provider, ACP-specific informational tools and resources, and salient issues affecting Members.

HCA will notify Contractor of the schedule of PEBB Annual Open Enrollment benefit fairs by August 31 of each year.

- (iv) No later than December 20 each year, the Contractor will make available and mail a welcome packet to subscribers enrolled and re-enrolled in the Contractor's ACP during the PEBB Annual Open Enrollment year, unless another date is agreed upon by HCA. HCA will instruct the TPA of UMP to provide Contractor with the ACP subscribers to whom this availability and mailing requirements applies; if Contractor does not receive the ACP subscriber list by December 13 of each year, then Contractor is obligated to mail the welcome packet within seven (7) calendar days of receiving the ACP subscriber list.

In addition, during the Plan Year, the Contractor will make available and mail a welcome packet to each new ACP subscriber within thirty (30) calendar days of enrollment. The welcome packet will include a description of the service available to each ACP Member and how to access services and care. The welcome packet must be approved by HCA and comply with the requirements of Section 2.6 of this Contract.

- (v) The Contractor will provide ACP Members with excellent Member experience by complying with the Provider Access and Administrative and Clinical Assistance/Services requirements and standards stated in Exhibit 1.3.



(vi) Contractor will provide the initial draft for all ACP Member communications to HCA and will comply with all requirements for communications with ACP Members, or prospective ACP Members, described in Section 2.6 of this Contract. All communications will be readable and clear. Contractor will comply with the document control policies and procedures that are established by HCA. At the beginning of each year Contractor will provide HCA a single point of contact for communication collaborations. This subsection does not apply to Contractor's or Subcontractors' patient communications for treatment, payment, and health care operation purposes; nor does this subsection apply to communications that are not targeted solely at ACP Members for disease management (e.g. communications by Contractor or Subcontractors to patients who have high cholesterol, including ACP Members who have high cholesterol, with information about the impacts of high cholesterol and how to manage high cholesterol.).

G. **Data and Reporting Requirements at Quarterly Meetings.** Contractor will provide HCA with access to the Contractor's leadership team on at least a quarterly basis, via an in-person meeting, at which time reports and data produced by the Contractor must be provided and presented to HCA. HCA will set the agenda for these meetings. Specific details (e.g. data sources, measurement period for each report) will be discussed and finalized by HCA and the Contractor by November 1, 2015. Noncompliance with reporting requirements (except for the "any other reports reasonably requested by HCA" row provision) will be enforced either as (1) [REDACTED] at the sole discretion of HCA or (2) [REDACTED] at the sole discretion of HCA; [REDACTED].

For the purposes of this Section, "Quarterly" means a consecutive three (3) month period and there shall be meetings at least four (4) times per calendar year.

Reports must contain and present the following aggregated information for each ACP Program Provider:

Data/Reports	Source	Frequency
Financial Performance Year to date of the Designated and Attributed Cohorts (for each substantial variance, Contractor will also report details of leading cost drivers and other pertinent information).	Claims data	Quarterly
Key Utilization Metrics <ul style="list-style-type: none"> <li>• Inpatient and Emergency Department (ED) usage by ACP Members</li> <li>• Out of network usage (based on reports from the TPA of UMP)</li> <li>• All Rx usage (including high cost)</li> </ul>	Claims data	Quarterly

<b>Data/Reports</b>	<b>Source</b>	<b>Frequency</b>
<p>Key Metrics – Care Coordination for High-Risk ACP Members (see Exhibit 1.2)</p> <ul style="list-style-type: none"> <li>• # of ACP Members eligible for high-risk care management</li> <li>• # of ACP Members engaged in high-risk care management</li> </ul>	Claims, and other data sources mutually agreed upon by Contractor and HCA CMO	Quarterly
<p>Member experience reporting as described in Exhibit 1.3(1)(a):</p> <p>(1) Clinician and Group Consumer Assessment of Health Care Providers and Systems (CG-CAHPS) reporting including all additional questions measured and reported by the Washington Health Alliance (WHA) and</p> <p>(2) Internal monitoring of patient access escalation and “third next available” appointments. Contractor shall identify performance themes and proposed corrective actions.</p>	Survey results (administered by ACP)	Quarterly (internal patient access data); Annually (CG-CAHPS survey results)
Aggregated semi-annual, trended data for each of the Quality Measures in Exhibit 5, along with an identification of performance themes and proposed corrective actions.	Claims (for process measures) and clinical data from ACP	Semi-Annually
<p>Cardiac, Spine and Obstetric (OB) Program metrics</p> <ul style="list-style-type: none"> <li>• Clinical Outcomes Assessment Program (COAP) (<a href="http://www.coap.org">www.coap.org</a>)</li> <li>• Spine Surgical Care and Outcomes Assessment Program (Spine SCOAP) (<a href="http://www.scoap.org">www.scoap.org</a>)</li> <li>• Obstetrics Clinical Outcomes Assessment Program (OB COAP) (<a href="http://www.qualityhealth.org/obcoap">www.qualityhealth.org/obcoap</a>)</li> </ul>	Clinical (chart and registry)	Semi-Annually
Report Patient-Centered Medical Home (PCMH) progress towards HCA goal (see Exhibit 1.2)	Various (from Contractor)	Semi-Annually
QI Report – Care Coordination for High-Risk ACP Members (see Exhibit 1.2)	Various (claims and clinical)	Annually (update on plan metrics Semi-Annually)
QI – Obstetrics (see Exhibit 1.2)	Various (claims and clinical)	Annually (update on plan metrics Semi-Annually)

<b>Data/Reports</b>	<b>Source</b>	<b>Frequency</b>
QI – Potentially Avoidable Hospital Admissions (see Exhibit 1.2)	Various (claims and clinical)	Annually (update on plan metrics Semi-Annually)
QI – Total Knee Replacement (TKR) and Total Hip Replacement (THR) Surgery Bundle (see Exhibit 1.2)	Various (claims and clinical)	Annually (update on plan metrics Semi-Annually)
QI – Spine Fusion Bundle (see Exhibit 1.2)	Various (claims and clinical)	Annually (update on plan metrics Semi-Annually)
QI – Cardiology (see Exhibit 1.2)	Various (claims and clinical)	Annually (update on plan metrics Semi-Annually)
QI – Low Back Pain (see Exhibit 1.2)	Various (claims and clinical)	Annually (update on plan metrics Semi-Annually)
QI - End of Life Care (see Exhibit 1.2)	Various (claims and clinical)	Annually (update on plan metrics Semi-Annually)
Any other reports reasonably requested by HCA (see Exhibit 1.2)	TBD	TBD

- H. **ACP Program Provider Requirements.** All Contractor's ACP Program Providers must be Preferred Providers in the TPA of UMP's network and meet all credentialing requirements of the TPA of UMP. Upon the termination of any of the Preferred Provider Agreements, the ACP Program Provider will cease to be a member of the ACP.
- I. **Network.** The Contractor will disclose its network of ACP Program Providers (Partner and Affiliate to include: hospitals, facilities, clinics, and physicians), type of services provided, and whether ACP Program Providers are employed or non-employed by the Contractor. For the 2016 Plan Year, Contractor must provide an initial list of all ACP Program Providers by June 15, 2015, an updated list of all ACP Program Providers on June 30, 2015 and July 15, 2015, and a final list of all ACP Program Providers by July 31, 2015 to the TPA of UMP in a format provided by HCA.

The parties agree that the ACP is governed by the following relationship designations:

- (i) Partner Providers are the core hospitals, facilities, clinics, and physicians including radiology that are critical to the success of the ACP and satisfying network requirements because of the number of PEBB Members receiving primary care in King, Pierce, Thurston, Snohomish, and Kitsap Counties. Contractor must execute Partner Provider Agreements with the Partner Providers listed in Exhibit 4.1 that, at a minimum, includes the terms included in Exhibit 4.2.

In the event that additional Washington State Counties are added pursuant to Section 2.3(A)(i) of this Contract, the parties will amend Exhibit 4.1 to include any providers that will be designated Partner Providers. Within sixty (60) days of the amendment, Contractor will execute a Partner Provider Agreement that meets the minimum requirements identified in Exhibit 4.2.

- (ii) Affiliate Providers are those hospitals, facilities, clinics, and physicians, including radiology, that are individually contracted with Contractor to ensure access to providers. Contractor must execute Affiliate Provider Agreements that, at a minimum, include the terms included in Exhibit 4.3.
- (iii) Ancillary Providers are those non-hospital providers that are in the TPA of UMP's network, that do not have any provider agreement with Contractor, and that have been designated by HCA as an Ancillary Provider type. By June 1, 2015, HCA will provide Contractor with the Ancillary Provider list for Plan Year 2016. It is HCA's intent to update the Ancillary Provider list annually. Each year thereafter, HCA will provide Contractor with the Ancillary Provider list by June 30 for the subsequent Plan Year.

The Ancillary Provider list includes the following categories of facilities/services and providers and is subject to change annually:

- Facilities/Services – DMEs, hearing aid dispensary, home health, hospice, lab, skilled nursing facility, skilled rehab facility, Urgent Care Centers, dialysis centers, and birth centers.
- Providers – acupuncture, anesthesiologists, audiologists, chiropractors, Christian science practitioners, licensed massage therapists, maxillo-facial surgeons, naturopaths, nutritionists, physical therapists, occupational therapists, speech therapists, behavioral health providers, pathologists, and licensed midwives.

Before Plan Year 2017 HCA intends to work with the Contractor to fully incorporate behavioral health providers into their networks as Affiliate Providers or Partner Providers to achieve integration of behavioral and physical health services.

- J. **Annual Provider Roster.** Starting in 2016, by June 30 each year, Contractor will provide to the TPA of UMP a list of Partner Providers and Affiliate Providers including all components of the provider roster specifications provided by HCA. The specifications will include each provider's designation of an ACP for purposes of attribution.
- K. **Exclusivity.** Contractor must ensure ACP Program Providers that are participating in multiple PEBB ACPs declare a single ACP that all Attributed ACP Members will attribute to for evaluating Quality Measures and for the Financial Reconciliation. The attribution designation for each ACP Program Provider, (at the Taxpayer Identification Number level) must be included on the annual provider roster due on June 30 of each year. The attribution process is set forth in Exhibit 3.5.
- L. **Changes to ACP Program Providers.** The Contractor shall provide notification to HCA of any potential changes to any Partner Providers or Affiliate Providers from the Contractor's network according to the following timelines:

- (i) Beginning August 1, 2015, before a Partner Provider or Affiliate Provider can be added to the Contractor's ACP network, the Contractor must give written notice to the HCA Contract Manager of Contractor's intent to contract with the provider; the notice to the HCA Contract Manager must indicate whether the Contractor's intent is to add the new provider as a Partner Provider or an Affiliate Provider.

HCA will have three (3) Business Days, starting the Business Day after the notice is received, to decline to allow Contractor to add the provider to the ACP's network or object to the intended Partner Provider or Affiliate Provider designation. If HCA objects to Contractor's intended Partner Provider or Affiliate Provider designation, the parties must reach agreement on the provider designation before Contractor executes an agreement with the new provider. If HCA declines to allow Contractor to add the provider to the ACP's network, HCA shall inform Contractor of the specific bases for its decision. The parties agree that HCA may only decline to allow Contractor to add a provider to the ACP's network if (a) the provider is not a Preferred Provider or (b) HCA determines in good faith that the addition of the provider to the ACP's network would compromise the safety or quality of care provided to the ACP Members. This Section 2.3(L) shall not apply to the addition of a provider to a Partner Provider or Affiliate Provider that is clinically integrated network organized as a separate legal entity.

If HCA requests that Contractor add specific providers as either a Partner Provider or Affiliate Provider then Contractor will evaluate and respond to the request within thirty (30) calendar days. If Contractor disagrees with the request then the parties will collaborate on a mutually agreeable solution.

For any new Partner Providers the parties will amend Exhibit 4.1 of this Contract within fifteen (15) Business Days after the Contractor executes the Partner Provider Agreement with the new Partner Provider.

- (ii) Before any Partner Provider, listed on Exhibit 4.1, can be removed from the Contractor's network, Contractor must give written notice to the HCA Contract Manager. If notice is provided between January 1 and June 30, then the Partner Provider can leave the network at the start of the next Plan Year. If notice is provided between July 1 and December 31, the Partner Provider cannot leave the network until the start of the second Plan Year after the notice is effective.

For example, if notice is effective on June 1, 2015, then the Partner Provider may leave the Contractor's network effective January 1, 2016. If the notice is effective on September 1, 2015, then the Partner Provider may not leave the Contractor's network until January 1, 2017. HCA may terminate this Contract upon the removal of a Partner Provider even if Contractor is in compliance with notice dates stated above.

If HCA determines that the departure of one or more Partner Providers from the Contractor's network will result in a failure to satisfy network requirements, HCA will notify Contractor of this determination. Contractor will have thirty (30) calendar days from the date it receives HCA's notice to propose a corrective action plan identifying the provider or providers who Contractor proposes to add to its network to maintain a sufficient number of providers to assure that Covered Services are accessible to the relevant PEBB population. HCA will consider the Contractor's corrective action plan in good faith and notify Contractor within thirty (30) calendar days of receipt whether the corrective action plan is acceptable. If HCA determines in good faith that the Contractor's corrective action plan is inadequate, HCA may terminate this Contract for cause under Section 3.35(A) of this Contract.

Notwithstanding the provisions of this subsection, the parties may mutually agree in writing, to a mid-Plan Year termination date of a Partner Provider Agreement.

- (iii) Before an Affiliate Provider can be removed from the Contractor's network, the Contractor must give written notice to the HCA Contract Manager at least sixty (60) calendar days prior to the last day of the Affiliate Provider's network status with Contractor.

Notwithstanding the provisions of this subsection: (a) an Affiliate Provider may be immediately removed from the Contractor's network if the Affiliate Provider fails to maintain appropriate licensure, has relevant privileges suspended or terminated, is excluded from Medicare, Medicaid or other government programs, is convicted of a felony, or otherwise fails to satisfy the credentialing requirements of its Affiliated Provider Agreement with Contractor or its Participating Provider Agreement with the applicable TPA; and (b), the parties may mutually agree, in writing, to an earlier termination date of an Affiliate Provider Agreement.

- (iv) All notices under Section 2.3(L) shall be sent to the HCA Contract Manager and shall be deemed given if emailed or mailed by United States Postal Service, registered or certified mail, return receipt requested, postage prepaid and addressed as described in Section 2.10(A). Notice shall be effective on the date delivered, as evidenced by the return receipt.
- M. **Health Information Technology to Improve Quality.** Contractor must have certified Electronic Health Record (EHR) systems as defined by the [Office of the National Coordinator](#). Contractor must contribute clinical data from its EHR system to the state Health Information Exchange hosted by OneHealthPort, when such clinical data repository service is offered. Additionally, any ACP Program Providers that have a certified EHR system, or establish a certified EHR system, must agree to contribute clinical data from its EHR system to the state Health Information Exchange hosted by OneHealthPort, when such clinical data repository is offered.
- N. **Cooperation.** Contractor must work cooperatively with HCA's other contractors, including but not limited to the Plan Suppliers listed in Exhibit 6, to provide the best ACP Member experience possible.
- O. **Data Intermediary.** Contractor will subcontract with an ACP Data Intermediary that will execute a Data Sharing Agreement with the TPA of UMP, as described in Section 2.2(C)(i)-(ii) of this Contract and as set forth in Exhibit 2.4.
- P. **ACP Account Manager.** Contractor must identify an ACP Account Manager to perform the responsibilities in Section 2.5(B) of this Contract. The initial ACP Account Manager must be designated by June 1, 2015. By January 15 of each Plan Year, the ACP will send written notice of the ACP Account Manager for that Plan Year.
- Q. **Operations Manual.** Contractor will produce the first version of the operations manual to include accounting processes, invoicing, administration, customer service, and contact with HCA vendors. Contractor and HCA will mutually agree to an outline of the contents of the operations manual by July 15, 2015 and will work thereafter in collaboration with the HCA to finalize the operations manual by December 1, 2015. The HCA and Contractor will follow the procedures and requirements written in the most recently signed operations manual, which will be incorporated by reference into this Contract.
- R. **Covered Services.** Covered Services include the health care services or health care items described as covered, and not excluded, in the UMP certificate of coverage applicable for that Plan Year. Contractor will comply with coverage and authorization decisions by the TPA of UMP and the UMP pharmacy benefit Plan Supplier. Contractor does not have any role or responsibility in interpreting the UMP Certificate of Coverage. Contractor shall cooperate with case management and other utilization management services that are provided by the TPA of UMP.

## 2.4 COVERED SERVICES NOT PERFORMED BY ACP PROGRAM PROVIDERS

- A. The following services, regardless of whether the services are delivered by an ACP Program Provider or a provider within the TPA of UMP's network, (including the BlueCross/BlueShield Blue Card network), will be covered at an in-network benefit rate: Urgent Care, Emergency Services, children's in-patient services, transplants, applied behavior analysis therapy, bariatric surgery, in-patient psychiatric services, elective pregnancy terminations, and transgender services. All of the aforementioned services, regardless of whether the services are delivered by an ACP Program Provider or a provider within the TPA of UMP's network (including the BlueCross/BlueShield Blue Card network) will be Considered Amounts in the Financial Reconciliation, except transplants and bariatric surgery will be Considered Amount in the Financial Reconciliation only if they were delivered by an ACP Program Provider.
- B. Emergency Services delivered by a licensed provider out of the ACP and TPA of UMP's network will be covered at the ACP in-network rate and included in the Financial Reconciliation.
- C. When an ACP Member requires a Covered Service, which is medically necessary or legally mandated, and the ACP determines it is in the patient's best interest to receive such Covered Services out-of-network, then the ACP Program Provider shall contact the TPA of UMP for an exception authorization (i.e. "waiver" form). All authorized exceptions ("waivers") will be considered an in-network Covered Service and included in the Financial Reconciliation.

## 2.5 HCA SENIOR ACCOUNT SPONSOR & ACP ACCOUNT MANAGER DESIGNATION

- A. HCA will designate a Senior Account Sponsor(s) for the ACP. HCA may designate a different Senior Account Sponsor(s) at any time by written notice to Contractor's designated ACP Account Manager. The HCA Senior Account Sponsor(s) may delegate responsibilities assigned by this Contract to other HCA employees by written or verbal notification to the Contractor's designated ACP Account Manager.
- B. Contractor will designate an ACP Account Manager that is proficient in coordinating resources and services to meet all Contract requirements and is responsive to requests for support and coordination from the designated HCA Senior Account Sponsor(s). Contractor may designate a different ACP Account Manager at any time by written notice to HCA's designated Senior Account Sponsor(s). The ACP Account Manager shall:
  - (i) Designate a Washington-based Account Management Team that is experienced, knowledgeable, and readily accessible to the HCA Senior Account Sponsor(s). At the beginning of each year, Contractor will provide HCA with a memo providing the Account Management Team. If the Account Management Team changes, Contractor will notify HCA within thirty (30) calendar days of the change.



- (ii) Participate in activities to analyze the ACP, identify improvement opportunities, design interventions, and coordinate implementation with HCA.
- (iii) Respond, within two (2) Business Days unless the matter is designated urgent by HCA, to HCA inquiries, contacts, and requests, and keep HCA informed of new and outstanding issues related to ACP Plan administration. The ACP Account Manager's response should either provide a substantive response to the request, outline the additional information needed from HCA to respond to the request, or indicate the time in which a full substantive response will be provided.
- (iv) Monitor and report on the ACP's reporting requirements in this Contract.

## 2.6 COMMUNICATION & PUBLICITY

- A. Contractor agrees to submit to HCA all advertising and publicity matters relating to this Contract wherein HCA's, PEBB's, or UMP's name or Mark is mentioned or the language used may infer or imply a connection with HCA, PEBB, or UMP. The Contractor agrees not to publish or use HCA's or PEBB's name in advertising or publicity matters without the prior written consent of HCA.
- B. Contractor will dual-brand all ACP product communications as UMP, with the UMP or PEBB Mark and name, unless HCA requests single branding. No communications with ACP Members will be branded as being solely from the Contractor except with advance written approval of HCA.
- C. Contractor may communicate directly with ACP Members if approved by HCA and only as is reasonably necessary to carry out Contractor's obligations to HCA.
- D. As required by Washington Administrative Code (WAC) 182-08-220, Contractor must have written approval from HCA for all materials distributed or mailed to ACP Members prior to distribution or mailing.
- E. Contractor will assure that all communications to ACP Members relate directly to the ACP. Contractor will not send, help, or allow anyone else to send, any communications to ACP Members except those relating directly to the ACP, unless authorized in writing in advance by HCA.
- F. Contractor will assure that all communications comply with the Americans with Disabilities Act and implementing regulations.
- G. This Section of the Contract does not apply to Contractor's or Subcontractors' patient communications for treatment, payment, and health care operation purposes. Nor does this Section apply to communications that are not targeted solely at ACP Members for disease management (e.g. communications by Contractor or Subcontractors to patients who have high cholesterol, including ACP Members who have high cholesterol, information about the impacts of high cholesterol and how to manage high cholesterol.).

## 2.7 FINANCIAL APPROACH AND GUARANTEES

- A. The process of performance incentives and disincentives with Contractor will begin in the first full Plan Year. Performance incentives and disincentives will be tied to measurable improvements or lack of improvements for specific financial, quality, Member experience and clinical outcomes metrics in accordance with Exhibit 5. Contractor trend must meet or beat the Benchmark Trend Rates for each Performance Year as provided in Exhibit 3.3. .
- B. On an annual basis, a Financial Reconciliation will be conducted for each Cohort to determine whether there are Net Deficits for the Designated Cohort and/or Net Savings based on the requirements set forth in Exhibit 3.3. Examples of calculations for Net Savings and Net Deficits are provided in Exhibit 3.4.
- (i) HCA will consider quality and Member satisfaction when calculating the Contractor's share of the Gross Savings and Gross Deficits as described in the Exhibit 3 Series and Exhibit 5.
  - (ii) The Financial Reconciliation will be performed separately for each Cohort and include a complete accounting of the aggregate Allowed Amounts for all Considered Amounts furnished to the ACP Members, including medical, pharmacy, and behavioral health claims. Not all Covered Services will be considered in Financial Reconciliation. Exhibit 3.3 provides details for which services are not included in Considered Amounts.
  - (iii) The Financial Reconciliation will be done on an incurred claims basis with three (3) months run-out with no adjustment for claims incurred but not paid. This applies to both the Adjusted Base Cost PMPM and the Target Cost PMPM.
  - (iv) For each Performance Year and Cohort, the Unadjusted Base Cost PMPM will be the average of the participating ACP Member's 2015 Considered Amounts. This will serve as the starting point Unadjusted Base Cost from which increases or decreases in the Performance Year average Considered Amounts PMPM will be measured during the Financial Reconciliation.
  - (v) The Adjusted Base Cost PMPM will be calculated by multiplying the Unadjusted Base Cost PMPM by the ratio of the Performance Year Risk Score to the Base Year Risk Score.
  - (vi) The Target Cost PMPM will be the Adjusted Base Cost PMPM trended forward using the Benchmark Trend Rates and the Annual Trend Guarantee Rates for each year. For each Performance Year the Aggregate Target Cost will be computed as the Performance Year Member Months multiplied by the Target Cost PMPM.
  - (vii) The Aggregate Considered Amount for the Performance Year for each Cohort will be compared to the Aggregate Target Cost to calculate the Gross Deficits or Savings.

- (viii) For each Performance Year and Cohort, the difference between the Aggregate Considered Amount and the Aggregate Target Cost will be a Gross Deficit if the Aggregated Considered Amount is more than the Aggregate Target Cost, or a Gross Savings if the Aggregate Considered Amount is less than the Aggregate Target Cost.
  - (ix) For each Performance Year and Cohort the Gross Savings or Gross Deficits are multiplied by the Savings Share percentage or the Deficit Share percentage, respectively to calculate Net Savings or Net Deficits. The Savings Share or Deficit Share are determined based on the descriptions in Exhibit 5 and the overall Quality Improvement Score. Net Savings can be achieved on both the Attributed and Designated Cohort, while Net Deficits can only be achieved on the Designated Cohort.
- C. The reduction of Net Deficit will be conducted in accordance with the requirements set forth in Exhibit 3.1. If a Plan Supplier is late submitting data/reports included in Table I of Exhibit 2.2 then Contractor must send HCA a completed copy of Exhibit 3.2, as described in Exhibit 3.1.
  - D. Attribution will occur in accordance with the requirements set forth in Exhibit 3.5.
  - E. The Financial Reconciliation Summary Form provided in Exhibit 3.6 will be completed by the HCA and Contractor during the annual Financial Reconciliation process. HCA or Contractor will include a copy of a fully executed copy of Exhibit 3.6 with any invoice sent pursuant to Section 2.9 of this Contract.
  - F. At each step during the calculation processes contained in Exhibit 3.3 and the last step during calculation processes contained in Exhibit 5, all percentage values will be rounded to the nearest tenth of a percent. For example, a value of 58.4499% will be rounded to 58.4% whereas a value of 58.4500% will be rounded to 58.5%.

## 2.8 COMPENSATION AND PAYMENT

- A. If there are Gross Savings in a Performance Year, the Contractor will receive the Net Savings (i.e. the percentage of Gross Savings as described in Exhibit 5 as Savings Share). In no instance shall the Contractor receive more than [REDACTED] of the Gross Savings.

For both the Designated Cohort and Attributed Cohort, after the Net Savings payment is determined according to all other provisions of this Contract, the Net Savings payment may be reduced by up to [REDACTED] for failure to meet the performance criteria for ACP Member experience. This Net Savings payment reduction is applied after the calculation of Gross Savings multiplied by the Savings Share. As an illustration, assuming (1) the Gross Savings is \$1,000,000.00, (2) the Overall Quality Improvement Score results in the full Savings Share of [REDACTED] and (3) the full [REDACTED] reduction for ACP Member experience applies, then the Net Savings payment would be  $\$1,000,000.00 \times [REDACTED] \times (1 - [REDACTED]) = [REDACTED]$ . The Net Savings payment reduction for performance criteria for ACP Member experience, as described in Section 2.3(F) of this Contract and Exhibit 1.2, is as follows:

Performance Criteria	Net Savings Payment Reduction in Performance Year 2016	Net Savings Payment Reduction in Performance Year 2017+
After hours access requirements in Exhibit 1.2(1)(b)	■	■
HCA dedicated Contact Center performance guarantees in Exhibit 1.3(2)(c)	■	■
ACP benefit fair requirements in Contract Section 2.3(F)(iii)	■	■
Welcome packet mailing requirements in Contract Section 2.3(F)(iv)	■	■
Demonstrated progress of ACP Program Providers toward meaningful adoption and use of electronic health records as required in Exhibit 1.1	■	■
An HCA Dedicated Contact Center Services by November 1, 2015 that meets the requirements in Exhibit 1.3.	■	■
A Website/Portal by November 1, 2015 that meets the requirements in Exhibit 1.3(d)	■	■
Received HCA approval of the master implementation work plan required in Exhibit 1.1	■	■
Received HCA approval of the ACP communication plan required in Exhibit 1.1	■	■
Received HCA approval of the CG-CAHPS methodology and sampling plan and plan for reporting on access and timeliness metrics as required in Exhibit 1.1	■	■
Finalized operations manual by December 1, 2015 as required by Contract Section 2.3(Q) and Exhibit 1.1	■	■
TOTAL	■	■

If there are Gross Deficits in a Performance Year, Contractor will be responsible for the Net Deficit (i.e. the percentage of Gross Deficits as described in Exhibit 5 as Deficit Share). Contractor may reduce the Deficit Share by up to [REDACTED] as described in Section 4 of Exhibit 5. Contractor's Deficit Share may also be reduced up to [REDACTED] pursuant to Exhibit 2.2. As an illustration, assuming (1) the Gross Deficit is \$1,000,000.00, (2) the Overall Quality Improvement Score results in a reduced Deficit Share of [REDACTED] and (3) the full [REDACTED] Deficit Share reduction for late Plan Supplier data/reports, then the Net Deficit payment would be \$1,000,000.00 x ([REDACTED] - [REDACTED]) = [REDACTED]

B.

[REDACTED]

(i) Across Performance Years 2016, 2017 and 2018 the aggregate

[REDACTED]

(ii)

[REDACTED]

C. If Contractor is entitled to payment from HCA for Net Savings in a Performance Year with respect to the Attributed Cohort and owes HCA a Net Deficit amount with respect to the Designated Cohort, the Net Savings and Net Deficit amounts shall be offset such that (i) if the Net Savings are greater than the Net Deficit, HCA shall pay Contractor the difference between the Net Savings and the Net Deficit, and (ii) if the Net Deficit is greater than the Net Savings, Contractor shall pay HCA the difference between the Net Deficit and the Net Savings.

D. Contractor is liable for any and all expenses related to performance of its obligations pursuant to this Contract. HCA has no obligation to make payment to Contractor pursuant to this Contract except for payment of a percentage of Gross Savings on the terms and conditions set forth in this Contract and its Exhibits.

Work performed outside the scope of this Contract without an amendment signed by an authorized agent of both parties, will be at the sole risk of Contractor.

## 2.9 BILLING AND INVOICE

A. For each Performance Year, HCA will perform the Financial Reconciliation as described in Exhibit 3.3, provide Contractor with the full Financial Reconciliation, and provide Contractor with a copy of the Exhibit 3.6 *Financial Reconciliation Summary Form* signed by the HCA Contract Manager, by August 1 after the close of the previous Performance Year.

- B. If Contractor agrees with the Financial Reconciliation, and is owed Net Savings, then no later than September 30 after the close of the previous Performance Year, Contractor will sign the Exhibit 3.6 *Financial Reconciliation Summary Form* and submit a copy of it containing an original ink signature to HCA along with an invoice that complies with the following requirements:
- (i) An invoice that includes:
    - a. Invoice number and invoice date;
    - b. HCA Contract number K1471;
    - c. Contractor name, address, phone number;
    - d. Date(s) of Performance Year;
    - e. The agreed to Net Savings payment owed as reflected in the Financial Reconciliation;
    - f. Any applicable taxes;
    - g. Any reduction in Net Savings or addition to Net Deficit pursuant to Section 2.3(G);
    - h. Total invoice price; and
    - i. Payment terms and any available prompt payment discount.
  - (ii) All invoices submitted must be provided in the form and with the data and information reasonably necessary to substantiate the work required by this Contract. The invoice will be reviewed for payment by the HCA Contract Manager or his/her designee and approval shall not be unreasonably withheld.
  - (iii) Contractor shall only submit invoices as permitted by this Contract. The Contractor shall not bill the HCA for services/deliverables performed under this Contract, and the HCA shall not pay the Contractor, if the Contractor is entitled to payment from, or has been or will be paid by, any other source, including grants, for such services/deliverables.
  - (iv) HCA will return incorrect, incomplete, or unverifiable invoices to the Contractor for correction and resubmittal. The Contract number must appear on all invoices, bills of lading, packages, and correspondence relating to this Contract. The form and content of all invoices and the payment of such invoices will be in compliance with any applicable Office of Financial Management (OFM) and Washington State Department of Enterprise Services (DES) payment guidelines. HCA will notify Contractor of any invoice requirements that Contractor did not comply with and Contractor will have fourteen (14) calendar days to cure any invoice defects.
  - (v) Invoices shall describe and document to the HCA's satisfaction a description of the work performed; the progress of the project; and fees.
  - (vi) Payment to Contractor shall be considered timely if made (by either mailing payment or initiating a direct deposit) by the HCA within thirty (30) calendar days of the receipt of properly completed invoices. (Note: Failure to submit a properly completed Internal Revenue Service (IRS) form W-9 may result in delayed payments and such delays are not the

fault of HCA and shall not be basis for any remedy under this Contract.) Unless electronic payment is used pursuant to Section 2.9(B)(vii), payment shall be sent to the address designated by the Contractor.

- (vii) Contractor is required to register as a statewide vendor, which allows Contractor to receive payments from all participating state agencies. The state of Washington prefers to utilize electronic payment in its transactions and encourages Contractor to elect payment by direct deposit during the statewide vendor registration process.
- C. If Contractor agrees with the Financial Reconciliation and owes HCA a Net Deficit payment, Contractor will sign the Exhibit 3.6 *Financial Reconciliation Summary Form* and submit a copy of it containing an original ink signature to HCA by September 30 after the close of the previous Performance Year.
- (i) If HCA does not receive the signed Exhibit 3.6 *Financial Reconciliation Summary Form* by the September 30 deadline, Contractor will be deemed to have agreed to the amount owed to HCA.
  - (ii) HCA will invoice Contractor the agreed amount. Payment by Contractor will be considered timely if made (by either mailing payment or initiating a direct deposit) to the HCA within thirty (30) calendar days of the receipt of the invoice.
- D. If Contractor disputes any part of the Financial Reconciliation or the Exhibit 3.6 *Financial Reconciliation Summary Form*, Contractor must submit a detailed written description of the disagreement(s) in accordance, with the dispute process in Section 3.14 of this Contract, to the HCA Contract Administrator by September 30 after the close of the previous Performance Year. Thereafter, the dispute process described in Section 3.14(B)(iv)-(v) of this Contract will govern.
- E. Upon expiration or termination of the Contract, any invoice under this Contract for payments due and payable that are incurred prior to the expiration date or termination date must be received by HCA within sixty (60) calendar days after the completion of the last Financial Reconciliation. Invoices received after the deadline shall be paid at the sole discretion of HCA and are contingent upon the availability of funds.

## 2.10 CONTRACT MANAGEMENT AND ADMINISTRATION

- A. The individuals listed below, or their Successors, shall be the main points of contact for services provided under this Contract. HCA's Contract Manager or his/her Successor is responsible for monitoring the Contractor's performance and shall be the contact person for all communications regarding Contract performance, deliverables, and invoices. The Contract Manager has the authority to accept or reject the services provided and if satisfactory, certify acceptance of each invoice submitted for payment. Notifications regarding changes to this Section must be in writing (e-mail acceptable) and maintained in the project file, but will not require a formal contract amendment.

Contractor Contract Manager	HCA Contract Manager
<p>Julie Sylvester Executive Director Puget Sound High Value Network 1100 Ninth Avenue, G3-HRB Seattle, WA 98101</p> <p>Phone: 206-341-1343</p> <p>Email: <a href="mailto:julie.sylvester@virginiamason.org">julie.sylvester@virginiamason.org</a></p>	<p>Lou McDermott Assistant Director of PEB Washington State Health Care Authority 626 8<sup>th</sup> Ave SE Olympia, WA 98504</p> <p>Phone: (360) 725-0891 Email: <a href="mailto:louis.mcdermott@hca.wa.gov">louis.mcdermott@hca.wa.gov</a></p>

- B. HCA's Contract Administrator for this Contract is Melanie Anderson, or her Successor or designee. The Contract Administrator is designated to receive legal notices, and to administer, amend, or terminate this Contract. All Contract documents under this Contract will be processed by the HCA Contract Administrator and submitted to Contractor for acceptance. Contact information for the HCA Contract Administrator is:

HCA Contract Administrator

Melanie Anderson  
Washington State Health Care Authority  
626 8<sup>h</sup> Ave SE  
P.O. Box 42702  
Olympia, WA 98504

Phone: (360) 725-1271  
Email: [contracts@hca.wa.gov](mailto:contracts@hca.wa.gov)

## 2.11 NOTICES

Unless notice requirements are expressly described in this Contract, whenever one (1) party is required to give notice to the other under this Contract, it shall be deemed given if sent by courier for overnight delivery (with proof of delivery) or mailed by the United States Postal Service, registered or certified mail, return receipt requested, postage prepaid and addressed as follows:

- A. In the case of notice to the Contractor, notice will be sent to:

Attention: Julie Sylvester  
Executive Director  
Puget Sound High Value Network  
1100 Ninth Avenue, G3-HRB  
Seattle, WA 98101



- B. In the case of notice to HCA, the notice must be sent to the HCA Contract Administrator at the mailing address included in Section 2.10(B) of this Contract.
- C. Notices shall be effective on the date delivered, as evidenced by the return receipt.
- D. Either party may change its address for notification purposes at any time by mailing a notice in accordance with this Section, and must state the change and indicate whether a new address must be used for notices in the future. Changes made pursuant to this Section will be effective on the tenth (10th) calendar day following the effective date of the notice unless a later date is specified in the notice.

## 2.12 ORDER OF PRECEDENCE

Each of the items listed below is incorporated by reference into this Contract. In the event of an inconsistency, the inconsistency shall be resolved by giving precedence in the following order:

- A. Applicable Federal statutes and regulations;
- B. Applicable state of Washington statutes and regulations;
- C. General Terms and Conditions in Section 3 of this Contract
- D. Any other term and condition in Sections 1 or 2 of this Contract;
- E. The Exhibits to this Contract in following order: Exhibit 2.4; Exhibit 3.1; Exhibit 3.2; Exhibit 3.3; Exhibit 3.4; Exhibit 3.5.; Exhibit 3.6; Exhibit 5; Exhibit 5 – Attachment 1; Exhibit 4.1; Exhibit 4.2; Exhibit 4.3; Exhibit 1.1; Exhibit 1.2; Exhibit 1.3; Exhibit 2.1; Exhibit 2.2; Exhibit 2.3; Exhibit 6; Exhibit 7; Exhibit 8; Exhibit 11;
- F. State of Washington Health Care Authority Request For Application (RFA) No. 14-031, incorporated via reference into this Contract as Exhibit 9;
- G. Contractor's Response to RFA No. 14-031 dated January 27, 2015, incorporated via reference into this Contract as Exhibit 10; and
- H. Any other provision, term or material incorporated herein by reference or otherwise incorporated.

## 2.13 PEBB APPROVAL

The parties acknowledge and agree that the offering of an ACP Plan and the ACP Plan's benefit design are subject to the approval by PEBB. If PEBB does not approve offering an ACP Plan, this Contract is null and void.

## 2.14 GUARANTY OF ACP OBLIGATIONS

Guarantor irrevocably, absolutely, and unconditionally guarantees to HCA the full and timely performance by ACP of each term, provision, covenant, representation, warranty, duty, and obligation that is to be made, carried out, performed or observed by ACP under this Contract, including the due and timely payment of all amounts payable by ACP under this Agreement. Guarantor's liability and obligations under this Section 2.14 will remain in full force and effect until the covenants, duties and obligations under this Contract are fully performed and discharged and will continue notwithstanding, and will be unaltered, unaffected, and unimpaired by, any Business

Failure of ACP. Guarantor waives any defense arising due to or related to ACP's Business Failure, all suretyship defenses available to Guarantor, and any election of remedies by HCA. Guarantor will indemnify HCA against any claims, losses, liabilities, damages, judgments, costs and expenses (including without limitation all attorneys' fees and costs) that HCA may sustain or incur arising out of (a) the breach by ACP of any of term, provision, covenant, representation, warranty, duty, and obligation under this Contract, or (b) the breach by Guarantor of any applicable term, provision, covenant, representation, warranty, duty, or obligation under this Contract, including this Section 2.14.

### **3 GENERAL TERMS AND CONDITIONS**

#### **3.1 ACCESS TO DATA**

Within thirty (30) calendar days of HCA's request unless the parties mutually agree to another deadline, Contractor will provide access to data generated by the ACP under this Contract to HCA, the Joint Legislative Audit and Review Committee, or the State Auditor at no additional cost to HCA or the state of Washington. This includes access to all information that supports the findings, conclusions, and recommendations of Contractor's reports, including computer models and methodology for those models.

#### **3.2 ADVANCE PAYMENT PROHIBITED**

No advance payment shall be made for services furnished by the Contractor pursuant to this Contract. Payments will only be made to Contractor for services actually rendered. HCA has no obligation to pay Contractor for activities or services performed by Contractor before the Effective Date of the Contract.

#### **3.3 AMENDMENTS**

This Contract may be amended by mutual agreement of the parties. Such amendments will not be binding, or payments made under amendment terms, unless the amendment is agreed to in writing and signed by an authorized agent of HCA and Contractor. For HCA, the authorized agent is the HCA Contract Administrator designated in Section 2.10(B).

#### **3.4 ASSIGNMENT**

- A. The Contractor cannot assign this Contract in whole or in part to a third party without the prior written consent of HCA. HCA's written consent can condition an assignment on proof that the assignee's qualifications and ability to perform is at least equal to those of the Contractor. Such assignment shall not operate to relieve Contractor of any of its performance, duties, and obligations hereunder, nor shall such assignment affect any remedies available to HCA that may arise from any breach of any provision in this Contract or warranties made herein including but not limited to, rights of setoff.
- B. An assignment includes a sale of substantially all assets or ownership interest, or other change of control.

- C. HCA may assign this Contract to any public agency, commission, board, or the like, within the political boundaries of the state of Washington, provided that such assignment shall not operate to relieve HCA of any of its duties and obligations hereunder.

### 3.5 ATTORNEYS' FEES

In the event of litigation or other action brought to enforce Contract terms, each party agrees to bear its own attorneys' fees and costs.

### 3.6 CHANGE IN STATUS

- A. The Contractor shall provide HCA with ninety (90) calendar days' prior written notice of any change in the Contractor's legal or financial status due to a merger, acquisition, change of ownership or other change of legal status.
- B. The Contractor shall provide HCA notice within five (5) Business Days of the effective date of any changes to the Contractor's key personnel of Puget Sound High Value Network including, but not limited to, its Chief Executive Officer, Chief Financial Officer, and government relations contact.
- C. If the Contractor is involved in an acquisition of assets or merger after the Effective Date of this Contract, the Contractor does not have an automatic right to a continuation of the Contract after any such acquisition of assets or merger.

### 3.7 COMPLIANCE WITH APPLICABLE LAW

- A. Contractor shall comply with all federal, state, and local licensing, accreditation, and registration requirements/standards, necessary for the performance of this Contract and the payment of any taxes due on payment made under this Contract.
- B. Contractor and its Subcontractors shall comply with all applicable federal, state and local laws and regulations, and all amendments thereto, that are in effect when the Contract is signed or that come into effect during the term of this Contract. If any provision of this Contract conflicts with any applicable state or federal law or regulation, the Contract language is amended to conform to the minimum requirements of the law or regulation. A provision of this Contract that is stricter than such laws or regulations will not be deemed a conflict. The applicable laws include, but are not necessarily limited to, the following:
  - i. Provisions of state law applicable to health plans offered by HCA as described in RCW 41.05.017;
  - ii. The Public Health Services Act of 1944 (PHSA);
  - iii. The Consolidated Omnibus Budget and Reconciliation Act of 1985 (COBRA);
  - iv. The Patient Protection and Affordable Care Act of 2010 (PPACA or ACA);
  - v. The Health Care and Education Reconciliation Act of 2010;
  - vi. The Health Insurance Portability and Accountability Act of 1996 (HIPAA);

- vii. Federal Medicare and Medicaid statutes (42 U.S.C. § 1395 *et seq.*), including the Medicare Advantage program statutes (42 U.S.C. § 1395w-21 *et seq.*) and the Medicare prescription drug benefit program (42 U.S.C. § 1395w-101 *et seq.*);
- viii. The federal physician self-referral (“*Stark*”) Law (42 U.S.C. § 1395nn);
- ix. The federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b);
- x. The federal False Claims Act (31 U.S.C. §§ 3729-33);
- xi. The Internal Revenue Code of 1986;
- xii. The American Recovery and Reinvestment Act of 2009 (ARRA);
- xiii. The American with Disabilities Act of 1990 (ADA);
- xiv. The Genetic Information Nondiscrimination Act of 2008 (GINA);
- xv. Title VI of the Civil Rights Act of 1964;
- xvi. All federal and state antitrust laws and regulations;
- xvii. All federal and state nondiscrimination laws and regulations;
- xviii. The Uniform Trade Secrets Act, Chapter 19.108 Revised Code of Washington (RCW);
- xix. Washington State Public Records Act, Chapter 42.56 RCW;
- xx. Washington State Ethics in Public Service Act, Chapter 42.52 RCW; and
- xxi. Upon the receipt of any federal funds, any other law or regulatory requirement associated with the receipt of federal funds.

### 3.8 CONFIDENTIAL INFORMATION PROTECTION

A party’s receipt of, access to, use and disclosure of Confidential Information or Protected Health Information is subject to the requirements in Section 2.2(C) and Exhibits 2.4, 7, and 8.

### 3.9 CONFLICT OF INTEREST

- A. For purposes of this Contract, Contractor agrees that the Ethics in Public Service Act, Chapter 42.52 RCW applies to Contractor’s employees as if they were employees of the state of Washington. If HCA reasonably determines that a violation of the Ethics in Public Service Act, Chapter 42.52 RCW, or any other laws regarding ethics in public acquisitions and procurement and performance of contracts has occurred then HCA will provide written notice of the violation to the Contractor. Contractor will have fifteen (15) Business Days to rectify the violation, which may include precluding the violator from further performance of work under this Contract or participating in Contractor’s future procurements with HCA and the state of Washington. If Contractor fails to rectify the violation then HCA may terminate this Contract for cause by written notice to Contractor.
- B. In the event this Contract is so terminated by HCA, HCA shall be entitled to pursue the same remedies against the Contractor as it could pursue in the event of a breach of the Contract by the Contractor. The rights and remedies of HCA provided for in this Section are not exclusive and are in addition to any other rights and remedies provided by law.

- C. In the event this Contract is so terminated by HCA, the existence of facts upon which the HCA makes any determination under this clause may be reviewed under the "Disputes" clause of this Contract. If HCA ultimately is unable to prove a violation occurred then HCA may be found to be in breach of this Contract.

### 3.10 CONSTRUCTION

- A. The parties agree that neither of them shall be deemed the drafter of this Contract and that, in construing this Contract, no provision hereof shall be construed in favor of one party on the ground that such provision was drafted by the other.
- B. In this Contract, where applicable, references to the singular shall include the plural and references to the plural shall include the singular.
- C. Regardless of capitalization, "including" means, unless the context requires otherwise, "including but not limited to."
- D. If any deadline for performance of an obligation in this Contract does not fall on a Business Day, the deadline for performance will be the next Business Day.

### 3.11 COVENANT AGAINST CONTINGENT FEES

The Contractor warrants that no person or selling agent has been employed or retained to solicit or secure this Contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees or bona fide established agents maintained by the Contractor for the purpose of securing business. HCA will have the right, in the event of breach of this clause by the Contractor, to annul this Contract without liability or, in its discretion, to deduct from the amount due to Contractor under this Contract or recover by other means the full amount of such commission, percentage, brokerage or contingent fee.

### 3.12 DEBARMENT

The Contractor certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Washington State or Federal department or agency from participating in transactions (debarred). The Contractor agrees to include the above requirement in any and all subcontracts into which it enters, and also agrees that it will not employ debarred individuals or Subcontractor with any debarred providers, persons, or entities. The Contractor shall immediately notify HCA if, during the term of this Contract, Contractor becomes debarred. HCA may immediately terminate this Contract by providing Contractor written notice in accordance with Section 2.11, if the Contractor becomes debarred during the term hereof.

### 3.13 DEFENSE OF LEGAL ACTIONS

Each party to this Contract shall advise the other as to matters that come to its attention with respect to potential substantial legal actions involving allegations that may give rise to a claim for indemnification from the other. Each party will fully cooperate with the other in the defense of any action arising out of matters related to this Contract by providing without additional fee all reasonably available information relating to such actions and by providing necessary testimony. Contractor and its Subcontractors, if any, will fully cooperate with HCA to assist in prosecuting any action, including but not limited to antitrust or fraud actions prosecuted on behalf of the HCA or the state of Washington, by providing without additional fee all reasonably available information relating to such causes of action and providing necessary testimony.

### 3.14 DISPUTES

- A. The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Contract. Both parties will continue, without delay, to carry out their respective responsibilities under this Contract while attempting to resolve the dispute under this Section.
- B. Except as otherwise provided in this Contract, the parties agree to the following process to address disputes:
- i. The parties will first attempt to resolve the dispute at the project management level.
  - ii. Next, either party may submit a request for a dispute resolution to the HCA Contract Administrator. A party's request for a dispute resolution must be in writing and must clearly state all of the following:
    - a. The disputed issue(s);
    - b. An explanation of the positions of the parties;
    - c. Any additional facts necessary to explain completely and accurately the nature of the dispute; and
    - d. A description of the remedies sought.
  - iii. Requests for a dispute resolution conference must be mailed to the HCA Contract Administrator at Washington State HCA Contracts Office, PO Box 42702, Olympia, WA 98504-2702 within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes.
  - iv. The HCA Contract Administrator will then coordinate a dispute resolution conference according to the timeframe and parameters set by the Director of HCA (Director) or his/her designee.
    - a. The Director or the Director's designee will set a time for the parties to present their views on the disputed issue(s). The dispute resolution conference will occur within sixty (60) calendar days of the receipt of the request for a dispute resolution conference, unless

an extension is mutually agreed to by the parties. The format and time allowed for the presentations are solely within the Director's or the Director designee's discretion. The Director or the Director's designee will provide written notice of the time, format, and location of the conference. The conference is informal in nature and is not governed in any way by the Administrative Procedure Act, chapter 34.05 RCW.

- b. The Director or the Director's designee will consider all of the information provided at the conference and will issue a written decision on the disputed issue(s) within thirty (30) calendar days after the conclusion of the conference. However, the Director or the Director's designee retains the option of taking up to an additional sixty (60) calendar days to consider the disputed issue(s) or taking additional steps to attempt to resolve them. If the Director or the Director's designee determines, in his or her sole discretion, that an additional period of up to sixty (60) calendar days is needed for review, he or she will notify the Contractor, in writing, of the delay and the anticipated completion date before the initial thirty-day period expires.
  - c. The Director, at his or her sole discretion, may appoint a designee to represent him or her at the dispute conference. If the Director does appoint a designee to represent him or her at the dispute conference, the Director shall retain all final decision-making authority regarding the disputed issue(s).
- C. In lieu of dispute resolution under Section 3.14B above, the parties may mutually agree to attempt to resolve a dispute through mediation. With respect to any dispute concerning the Financial Reconciliation process the parties may designate a mutually agreeable actuary to act as an expert during the mediation or as the sole mediator and will equally share the costs of the mediator and of any such joint actuarial expert shared equally by the parties. Each party shall be solely liable for all other costs it incurs related to mediation.
- D. The parties hereby agree that the parties shall pursue dispute resolution under either subsection B or C above before pursuing any judicial or quasi-judicial proceeding, and that subsection B and C above are the sole administrative remedies under this Contract.

### 3.15 FORCE MAJEURE

Neither HCA nor Contractor will be liable for any failure of or delay in the performance of this Contract for the period that such failure or delay is due to causes beyond its reasonable control, including but not limited to: fires, floods, earthquakes, landslides, riots, strikes or labor disputes, major epidemics, acts of God, war, terrorist acts, embargoes, or any other similar force majeure event. Nonperformance under this Contract related to force majeure events will not be a ground for termination by default. Contractor is required to take all commercially reasonable actions to prevent the impact of a foreseeable force majeure event. Immediately upon the occurrence of any

such event, Contractor shall commence to use its best efforts to provide, directly or indirectly, alternative and, to the extent practicable, comparable performance. Nothing in this Section shall be construed to prevent HCA from terminating this Contract for reasons other than for default during the period of the events set forth above, or for default, if such default occurred prior to such event.

### 3.16 GOVERNING LAW AND VENUE

This Contract shall be governed by, and be construed and interpreted in accordance with, the laws of the state of Washington, without reference to conflict of law principles. The jurisdiction for any action hereunder shall be exclusively in the Superior Court for the state of Washington, and the venue of any action hereunder shall be in the Superior Court for Thurston County, Washington.

Nothing in this Contract shall be construed as a waiver by HCA of the State's immunity under the 11<sup>th</sup> Amendment to the United States Constitution.

### 3.17 INDEMNIFICATION AND HOLD HARMLESS

- A. To the fullest extent permitted by law, Contractor and Guarantor shall jointly and severally defend, indemnify, and hold HCA, and the state of Washington, harmless from and against all claims, including reasonable attorneys' fees resulting from such claims, for any or all injuries to persons or damage to property arising from intentional, willful or negligent acts or omissions of (a) Contractor, its agents, employees, or representatives, in the performance of this Contract or (b) any Subcontractor and its agents, employees, or representatives, in the performance of this Contract.
- B. To the fullest extent permitted by law, HCA shall defend, indemnify, and hold Contractor harmless from and against all claims, including reasonable attorneys' fees resulting from such claims, for any or all injuries to persons or damage to property arising from intentional, willful or negligent acts or omissions of HCA, its agents, employees or representatives, in the performance of this Contract.

### 3.18 INDEPENDENT CAPACITY OF THE CONTRACTOR

The parties intend that an independent contractor relationship will be created by this Contract. The Contractor and his or her employees or agents performing under this Contract are not employees or agents of HCA or the state of Washington. The Contractor, its employees, or agency performing under this Contract will not hold himself/herself out as, nor claim to be, an officer or employee of HCA or the state of Washington by reason hereof, nor will the Contractor, its employees, or agent make any claim of right, privilege or benefit which would accrue to such employee under law. Conduct and control of the work will be solely the responsibility of Contractor. The Contractor acknowledges and certifies that neither HCA nor the state of Washington are guarantors of any obligations or debts of the Contractor.



### 3.19 INDUSTRIAL INSURANCE COVERAGE

Prior to performing work under this Contract, the Contractor shall provide or purchase industrial insurance coverage for the Contractor's employees, as may be required of an "employer" as defined in Title 51 RCW, and shall maintain full compliance with Title 51 RCW during the course of this Contract. Should the Contractor fail to secure industrial insurance coverage or fail to pay premiums, as may be required under Title 51 RCW, HCA may deduct the amount of premiums and any penalties owing from the amount payable to the Contractor under the Contract and transmit the same to the Department of Labor and Industries, Division of Insurance Services. This provision does not waive any right under RCW 51.12.050 to collect from the Contractor amounts paid by HCA.

### 3.20 INSURANCE

The Contractor shall provide insurance coverage as set out in this Section. The intent of the required insurance is to protect the State should there be any claims, suits, actions, costs, damages or expenses arising from any negligent or intentional act or omission of the Contractor or Subcontractor, or agents of either, while performing under the terms of this Contract.

The Contractor shall provide insurance coverage that shall be maintained in full force and effect during the term of this Contract, as follows:

- A. Commercial General Liability Insurance Policy - Provide a Commercial General Liability Insurance Policy, including contractual liability, in adequate quantity to protect against legal liability arising out of contract activity but no less than \$1,000,000 per occurrence. Additionally, the Contractor is responsible for ensuring that any Subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.
- B. Business Automobile Liability. In the event that services delivered pursuant to this Contract involve the use of vehicles, either owned, hired, or non-owned by the Contractor, automobile liability insurance shall be required covering the risks of bodily injury (including death) and property damage, including coverage for contractual liability. The minimum limit for automobile liability is:

\$1,000,000 per occurrence, using a Combined Single Limit for bodily injury and property damage.
- C. The insurance required shall be issued by an insurance company/ies authorized to do business within the state of Washington or by a self-insurance program, and shall name HCA and the state of Washington, its agents and employees as additional insured's under the insurance policy/ies. All policies shall be primary to any other valid and collectable insurance. Contractor shall instruct the insurers to give HCA thirty (30) days advance notice of any insurance cancellation.

- D. Within fifteen (15) calendar days of a request by HCA, Contractor will provide HCA with a certificate of insurance that outlines the coverage and limits defined in this Section. Contractor shall submit renewal certificates as appropriate during the term of the Contract.

### 3.21 NO THIRD-PARTY BENEFICIARIES

The HCA and the Contractor are the only parties to this Contract. Nothing in this Contract gives or is intended to give any benefit of this Contract to third parties or third persons.

### 3.22 NONDISCRIMINATION

In the event of the Contractor's noncompliance or refusal to comply with any nondiscrimination law, regulation, or policy this Contract may be rescinded, canceled or terminated in whole or in part, and the Contractor may be declared ineligible for further contracts with HCA. The Contractor shall, however, be given a reasonable time in which to cure the noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth herein.

### 3.23 OVERPAYMENT AND ASSERTION OF LIEN

In the event that overpayments or erroneous payments have been made to the Contractor under this Contract, HCA shall provide written notice to Contractor. If Contractor disputes the overpayment it may pursue review under Section 3.14 of this Contract, otherwise, Contractor shall refund the full amount to HCA within thirty (30) calendar days of the notice. HCA may secure repayment, plus interest, if any, through the filing of a lien against the Contractor's real property, or by requiring the posting of a bond, assignment or deposit, or some other form of security acceptable to HCA.

### 3.24 PUBLIC RECORDS ACT

Contractor acknowledges HCA is subject to chapter 42.56 RCW and that this Contract, including all items incorporated by reference and all work products, are public records as defined in chapter 42.56 RCW. Any specific information that is claimed by Contractor to be Proprietary or Confidential must be clearly identified as such by Contractor in Exhibit 11 of this Contract. To the extent consistent with chapter 42.56 RCW, HCA shall maintain the confidentiality of all such information marked proprietary information in their possession. If a public disclosure request is made to view the information identified in Exhibit 11, HCA will notify Contractor of the request and of the date that such records will be released to the requester unless Contractor obtains a court order from a court of competent jurisdiction enjoining that disclosure; if Contractor fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified in HCA's notice to Contractor.

### 3.25 RECORDS, DOCUMENTS, REPORTS AND DATA OWNERSHIP

- A. HCA shall own all right, title and interest in its data (including but not limited to administrative data, claims and encounter data, and eligibility data), whether confidential or otherwise, and regardless of whether that data is provided to Contractor directly by HCA or by a Plan Supplier. HCA also shall own all right, title and interest in all deliverables provided to HCA under Section 2.3(G) (Data and Reporting Requirements), the QI plans created (but not any underlying research upon which a QI plan is based) under Exhibit 1.2 and Section 2.3(B)(iv)(a), communication materials created under Section 2.3(F) and Section 2.6 (except for communications described in Section 2.6(G)), and the operations manual created under Section 2.3(Q). HCA hereby grants to Contractor a nonexclusive, royalty-free, irrevocable license (with rights to sublicense to others) to translate, reproduce, distribute, prepare derivative works, publicly perform, and publicly display all such data and deliverables described in the preceding two sentences. Provided further, Contractor will obtain the prior written consent of HCA to publication or public communication of such data (in any media) which is not related to or required in connection with performance of obligations pursuant to this Contract and which identifies the "Health Care Authority", "HCA", the "Public Employees Benefits Board" or "PEBB" by name or implication in connection with the ACP. Notwithstanding anything to the contrary herein, HCA shall not have any ownership interest in any data that is created, generated, collected, maintained, processed, or otherwise held by Contractor or ACP Program Providers or their agents or Subcontractors as part of their respective treatment, payment, and health care operations activities or any data shared with Contractor or ACP Program Providers by HCA or its vendors under this Contract that is stored in Contractor's or any ACP Program Provider's systems for its treatment, payment or healthcare operations.
- B. The Contractor shall maintain books, records, documents, magnetic media, receipts, invoices and other evidence relating to this Contract and the performance of the services rendered, along with accounting procedures and practices, all of which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this Contract. At no additional cost, these records including materials generated under this Contract shall be subject at all reasonable times to inspection, review, or audit by HCA, the Office of the State Auditor, and state and federal officials so authorized by law, rule, regulation, or agreement. The Contractor shall retain such records for a period of six (6) years after the date of final payment.
- C. If any litigation, claim or audit is started before the expiration of the six (6) year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

### 3.26 REMEDIES NON-EXCLUSIVE

The remedies provided in this Contract shall not be exclusive, but are in addition to all other remedies available under law.

### 3.27 RIGHT OF INSPECTION

- A. The Contractor shall provide access to its facilities to HCA, or any of HCA's officers, or to any other authorized agent or official of the state of Washington or the federal government, at all reasonable times during regular Business Days and on reasonable prior notice, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Contract.
- B. The Contractor and its Subcontractors shall cooperate with all audits and investigations performed by duly authorized representatives of the state of Washington, including HCA and the State Auditor's Office, to monitor and evaluate performance under this Contract. The Contractor and its Subcontractors shall provide access to their facilities and the records documenting the performance of this Contract, for purpose of audits, investigations, and for the identification and recovery of overpayments within thirty (30) calendar days, and access to its facilities and the records pertinent to this Contract to monitor and evaluate performance under this Contract, including, but not limited to, claims payment and the quality, cost, use, health and safety and timeliness of services, provider Network Adequacy, including panel capacity or willingness to accept new patients, and assessment of the Contractor's capacity to bear the potential financial losses.
- C. Contractor acknowledges that HCA will conduct a security review limited to computing environment used as a result of this Contract. This review will be conducted by Consolidated Technology Services (CTS), and will be informed by the requirements of the Office of the Chief Information Officer (OCIO) Security Standard, 141.10, found at <https://ocio.wa.gov/policies/141-securing-information-technology-assets/14110-securing-information-technology-assets>. The review will analyze detailed specifications for the proposed change(s), such as network and dataflow diagrams, security controls used to protect confidential data, and web service information. If Contractor has a SSAE 16 SOC 2 Type II report, or any other report on controls related to security, availability, processing integrity, confidentiality, or privacy, Contractor must provide it to HCA. Contractor agrees to assist HCA with this effort by providing requested information in a timely manner. Contractor acknowledges that HCA must comply with all OCIO policies and standards.

### 3.28 SAFEGUARDING OF INFORMATION

- A. The use or disclosure by any party, of any information concerning HCA, for any purpose not directly connected with the administration of HCA's or the Contractor's responsibilities with respect to services provided under this Contract, is prohibited except by written consent of HCA.
- B. This Contract contains information HCA believes to be proprietary and/or confidential. Release or disclosure of any of the terms and conditions of this Contract, including Exhibits, is prohibited except by written consent of HCA.

### 3.29 SEVERABILITY

If any provision of this Contract, or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect the other provisions or applications of this Contract that can be given effect without the invalid provision, and to this end the provisions or application of this Contract are declared severable.

### 3.30 SITE SECURITY

While on HCA premises, Contractor, its agents, employees, or Subcontractors shall conform in all respects with physical, fire or other security policies or regulations. Failure to comply with these regulations may be grounds for revoking or suspending security access to these facilities. HCA reserves the right and authority to immediately revoke security access to Contractor staff for any real or threatened breach of this provision. Upon reassignment or termination of any Contractor staff, who have HCA facility security access, Contractor agrees to promptly notify HCA of the staff reassignment or termination.

### 3.31 SUBCONTRACTING

- A. Neither the Contractor, nor any Subcontractors, shall enter into subcontracts for any of the work contemplated under this Contract related to providing Covered Services without prior written approval of HCA. In no event shall the existence of the subcontract operate to release or reduce the liability of the Contractor to HCA for any breach in the performance of the Contractor's duties.
- B. The Contractor is responsible for ensuring that all terms, conditions, assurances and certifications set forth in this Contract are included in any subcontracts. Contractor and its Subcontractors agree not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons Confidential Information without the express written consent of HCA or as provided by law.
- C. If, at any time during the progress of the work, the HCA reasonably determines in its sole judgment that any Subcontractor is incompetent or debarred, the HCA shall notify the Contractor, and the Contractor shall take immediate steps to terminate the Subcontractor's involvement in the work.
- D. The rejection or approval by the HCA of any Subcontractor or the termination of a Subcontractor shall not relieve the Contractor of any of its responsibilities under the Contract, nor be the basis for additional charges to the HCA.
- E. The HCA has no contractual obligations to any Subcontractor or vendor under contract to the Contractor. The Contractor is fully responsible for all contractual obligations, financial or otherwise, to their Subcontractors.

### 3.32 SURVIVABILITY

The terms and conditions contained in this Contract that shall survive the expiration or termination of this Contract include but are not limited to the following Sections of this Contract: Section 2.3(N), Contractor Obligations – Cooperation; Section 2.6,

Communication and Publicity; Section 3.8, Confidential Information Protection; Section 3.14, Disputes; Section 3.17, Indemnification and Hold Harmless; Section 3.23 Overpayment and Assertion of Lien; Section 3.25, Records, Documents, Reports, and Data Ownership; Section; 3.27 Right of Inspection; and Section; 3.29 Safeguarding of Information; Section 3.30, Severability; Exhibit 7, Data Sharing Agreement; and Exhibit 8, Business Associate Agreement.

### 3.33 SYSTEM SECURITY

Contractor agrees not to attach any Contractor-supplied computers, peripherals or software to the HCA Network without prior written authorization from HCA's Information Systems Manager. Contractor-supplied computer equipment, including both hardware and software, must be reviewed by the HCA Information Services prior to being connected to any HCA network connection and that it must have up to date anti-virus software and personal firewall software installed and activated on it.

Unauthorized access to HCA networks and systems is a violation of HCA Policy 06-03 and constitutes computer trespass in the first degree pursuant to RCW 9A.52.110. Violation of any of these laws or policies could result in termination of the Contract and other penalties.

### 3.34 TAXES

Contractor is solely responsible for all payroll taxes, unemployment contributions, and any other taxes, insurance or other expenses related to the receipt of payments received from HCA under this Contract.

### 3.35 TERMINATION

#### A. TERMINATION FOR CAUSE

In the event either party violates any material term or condition of this Contract, or fails to fulfill in a timely and proper manner its material obligations under this Contract, then the other party has the right to suspend or terminate this Contract. Before invoking this remedy, the non-breaching party shall notify the breaching party, in writing, of the need to take corrective action. If corrective action is not taken within thirty (30) calendar days, or other time period agreed to in writing, the non-breaching party may terminate the Contract. The Dispute Section in 3.14 applies to "Termination for Cause."

HCA reserves the right to suspend all or part of the Contract, withhold further payments, or prohibit the Contractor from incurring additional obligations of funds during investigation of an alleged compliance breach, and pending corrective action or a decision by HCA to terminate the Contract.

In the event of termination for cause, the breaching party shall be liable for damages as authorized by law.

B. TERMINATION FOR

1.

2.

### C. TERMINATION FOR CONVENIENCE

When, at HCA's sole discretion, it is in the best interest of the State, HCA may terminate this Contract in whole or in part by providing at least ninety (90) Calendar Days' notice prior to the start of a Plan Year.

If this Contract is so terminated, HCA shall be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination.

### D. TERMINATION PROCEDURES

- i. Upon termination of this Contract, the non-terminating party, in addition to any other rights provided in this Contract or available under law, may require the other party to deliver any property specifically produced or acquired for the performance of such part of this Contract as has been terminated.
- ii. Upon termination, a final Financial Reconciliation will occur for the current Plan Year through the termination Effective Date. The final Financial Reconciliation will be performed in accordance with Section 2.7 of this Contract.
- iii. Upon receipt of notice of termination by HCA, and except as otherwise directed by the HCA, the Contractor shall:
  - a. Stop work under the Contract on the date, and to the extent specified in the notice;
  - b. Place no further orders or subcontracts for materials, services, or facilities except as may be necessary for completion of such portion of the work under the Contract that is not terminated;
  - c. Assign to HCA, in the manner, at the times, and to the extent directed by HCA, all the rights, title, and interest of the Contractor under the orders and subcontracts so terminated; in which case HCA has the right, at its discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts;
  - d. Settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of HCA the extent HCA may require, which approval or ratification shall be final for all the purposes of this clause;
  - e. Transfer title to HCA and deliver in the manner, at the times, and to the extent directed by HCA any property which, if the Contract has been completed, would have been required to be furnished to HCA;
  - f. Complete performance of such part of the work as shall not have been terminated by HCA; and



- g. Take such action as may be necessary, or as HCA may direct, for the protection and preservation of the property related to this Contract which is in the possession of the Contractor and in which HCA has or may acquire an interest.
- iv. In the event of termination of the Contract to take effect during a Plan Year, HCA will provide timely notice of termination of the ACP Plan to ACP Members.

### 3.36 WAIVER

Waiver of any breach or default shall not be deemed to be a waiver of any subsequent breach or default. Any waiver shall not be construed to be a modification of the terms and conditions of this Contract. A waiver must be in writing, signed by an authorized agent for the party, attached to the original Contract, and identify the right(s) the party is waiving. Only the HCA Contract Administrator has the authority to waive any term or condition of this Contract on behalf of HCA.

### 3.37 DEFINITIONS

As used throughout this Contract, the following terms shall have the meaning set forth below:

**“ACP”** or **“Accountable Care Program”** means a formal network of providers and health systems, collaborating to deliver Integrated Care and assuming financial and clinical accountability for a defined population.

**“ACP Members”** means the population of all Members who are Attributed ACP Members or Designated ACP Members in ACP in a Plan Year.

**“ACP Plan”** means the PEBB medical plan with an ACP design.

**“ACP Program Providers”** means Partner Providers and Affiliate Providers, collectively.

**“Adjusted Base Cost PMPM”** is calculated by multiplying the Unadjusted Base Cost PMPM by the ratio of the Performance Year Risk Score to the Base Year Risk Score.

**“Affiliate Provider”** has the meaning set forth in Section 2.3(l).

**“Affiliate Provider Agreement”** has the meaning set forth in Section 2.3(l).

**“Aggregate Considered Amount”** means the sum of the Considered Amounts for all ACP Members during a Performance Year for services considered to be included within the Financial Reconciliation. There will be a separate Aggregate Considered Amount for the Designated Cohort and the Attributed Cohort.

**“Aggregate Target Cost”** is calculated separately for each Cohort by multiplying the Target Cost PMPM by the number of Member Months in the Performance Year.

**“Allowed Amount”** means the dollar amount approved as payment in full for the Covered Services furnished to an individual ACP Member during a Plan Year, and, except as expressly stated otherwise in the Contract, includes the dollar amounts allowed by UMP for all medical, behavioral health, including substance abuse claims, and pharmaceutical claims for Covered Services regardless of whether care was rendered by ACP Program Providers, Ancillary Providers, or out-of-network to the TPA of UMP.

**“Ancillary Providers”** has the meaning set forth in Section 2.3(l).

**“Annual Trend Guarantee Rates”** has the meaning set forth in Exhibit 3.3, Table 2.2(b).

**“Apportionment Percentage”** has the meaning set forth in Exhibit 3.1.

**“Associated Percentage of Net Savings”** means the percentage of Net Savings associated with each Quality Measure as specified in Table I of Exhibit 5.

**“Attachment”** means an attachment to an Exhibit.

**“Attributed ACP Member”** means a Member who is not a Designated ACP Member and who is Attributed to the ACP for a Performance Year in accordance with the attribution methodology described in Exhibit 3.3 and Exhibit 3.5; there are two types of Attributed ACP Members – Tentative Attribution Members and Definitive Attribution Members.

**“Attributed Cohort”** means the population of ACP Members who are Attributed ACP Members.

**“Base Year”** means the 2015 Base Year.

**“Base Year Risk Score”** means the Cohort-specific average Risk Score calculated using 2015 incurred claims and membership data for individuals who are ACP Members during the Performance Year.

**“Benchmark PEBB Trend Rates”** means the risk adjusted trend for the average PMPM Considered Amount for the PEBB Medical Plans for the non-Medicare risk pool Members excluding those individuals attributed or designated for an ACP.

**“Benchmark Standard and Poor’s (S&P) Trend Rates”** means the actual rate of change in the S&P Healthcare Claims Washington State ASO FFS Total Cost index.

**“Benchmark Trend Rates”** are set equal to the Benchmark PEBB Trend Rates until the total Designated ACP Members enrolled in the ACP exceeds [REDACTED] of the total PEBB membership, when these rates are set equal to the average of the Benchmark PEBB Trend Rates and the Benchmark S&P Trend Rates for all years.

“**Bree Collaborative**” or “**The Dr. Robert Bree Collaborative**” means the multi-stakeholder collaborative that was established in 2011 by the Washington State Legislature, as codified at RCW 70.250.050, to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes and cost effectiveness of care in Washington State.

“**Bundle**” means one payment for an entire episode of care.

“**Business Days**” means Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the state of Washington.

“**Business Failure**” means any of the following: (a) a party files a voluntary petition in bankruptcy, provided that such petition is not withdrawn or dismissed within sixty (60) days of filing; (b) any pleading seeking any reorganization, liquidation, or dissolution under any law is filed against the party and the party admits or fails to contest the material allegations of any such pleading filed against it; (c) an order for relief is entered against the party under the U.S. Bankruptcy Code; (d) a receiver is appointed for a substantial part of the assets of the party; (e) an assignment for the benefit of creditors or similar disposition of assets of the party is made; or (f) the party ceases to conduct business operations generally.

“**Chronic Care Specialist**” means a provider who performs (and is duly qualified to perform) one or more of the chronic care specialties listed in Table II of Exhibit 3.5.

“**Cohorts**” means both the Designated Cohort and the Attributed Cohort.

“**Confidential Information**” means information that is exempt from disclosure under Chapter 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, Personally Identifiable Information (PII) and Protected Health Information (PHI) as those terms are defined in the applicable federal statute or regulation.

“**Considered Amount**” means the Allowed Amounts for the specific services considered for Financial Reconciliation for the Designated Cohort and the Attributed Cohort.

“**Considered Amount PMPM**” means the Considered Amounts divided by the Member Months, calculated separately for the Designated Cohort and the Attributed Cohort.

“**Contract**” means this Contract document, and all exhibits, attachments, and amendments.

“**Contractor**” means Puget Sound High Value Network, LLC

“**Covered Services**” has the meaning set forth in Section 2.3(R).

“**Data Intermediary**” means organization hired by Contractor to receive reports and data extracts from Plan Suppliers, perform the data blinding requirements in Exhibit 2.3 and 2.4, and distribute reports and blinded data to the ACP.

**“Data Security Agreement”** means a legally binding contract setting forth permitted uses of data, security and storage of data, retention of data, and the destruction of data, and any other provisions that HCA, TPA of UMP, and other Plan Suppliers may reasonably require to safeguard data and comply with any and all applicable state and federal laws and regulations.

**“Deficit Share”** means the percentage of Gross Deficit which the Contractor will owe based on their Quality Improvement Score and any reduction for late Plan Supplier reports/data as set forth in Section 2.8(B) of this Contract.

**“Definitive Attribution”** (and its variations) has the meaning set forth in Exhibit 3.5.

**“Designated ACP Member”** means a subscriber who has actively selected an enrollment in the ACP Plan for the Performance Year and their enrolled dependents.

**“Designated Cohort”** means the population of ACP Members who are Designated ACP Members.

**“Effective Date”** means the first date this Contract is in full force and effect as set forth in Section 2.1(A) of this Contract.

**“Emergency Services”** means services for emergent and acute onset of a symptom or symptoms provided in an emergency room setting or a resulting hospital admission, including severe pain, that would lead a prudent layperson acting reasonably to believe that a health condition exists that requires immediate medical attention, if failure to provide medical attention would result in serious impairment to bodily function or serious dysfunction of a bodily organ or part, or would place the Member’s health, or if the Member is pregnant, the health of her unborn child, in serious jeopardy, or any other situations which would be considered an emergency under applicable federal or state law.

**“Evaluation and Management (E&M) Codes”** means the process by which physician-patient encounters are translated into five digit Current Procedural Terminology (CPT) codes to facilitate billing. There are different E&M codes for different types of encounters such as office visits or hospital visits. Within each type of encounter, there are different levels of care.

**“Exhibit”** means an exhibit to this Contract.

**“Financial Reconciliation”** means the accounting process by which HCA compares the Aggregate Considered Amount for a Performance Year to the Aggregate Target Costs for the same Performance Year and calculates either Net Savings or Net Deficit separately for the Attributed Cohort and the Designated Cohort as described in Exhibit 3.3.

**“Gross Deficit”** means the amount by which the Aggregate Considered Amount for a Performance Year is greater than the Aggregate Target Cost calculated separately for the Designated Cohort.

**“Gross Savings”** means the amount by which the Aggregate Considered Amount for a Performance Year is less than the Aggregate Target Cost, calculated separately for each Cohort.

**“Guarantor”** means jointly Evergreen Health Partners LLC (UBI 603296137), Multicare Connected Care LLC (UBI 603417304) and Virginia Mason Medical Center (UBI 178015092).

**“HCA Data Warehouse”** means the data warehouse maintained by HCA for purposes of integrating health and welfare data for Members across a variety of sources; including Member and claim-level detail reported by medical, pharmaceutical, behavioral health and eligibility vendors.

**“Health Care Authority”** or **“HCA”** means the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA, or any of the officers or other officials lawfully representing HCA.

**“Health Technology Clinical Committee”** means the committee established in RCW 70.14.080-.140 that makes coverage determinations for health technologies, which are implemented in state purchased health care programs.

**“HIPAA”** means the Health Insurance Portability and Accountability Act of 1996, as amended from time to time.

**“Improvement Score”** means the lookup value as described in Exhibit 5.

**“In-Network”** means services provided by ACP Program Providers, Ancillary Providers and those Covered Services listed in Section 2.4.

**“Mark”** means, with respect to either party, the trademarks, service marks, trade dress, trade names, corporate names, designs, slogans, domain names, proprietary logos or indicia, and other source or business identifiers of that party.

**“Materials”** means all items in any format and includes, but is not limited to, data, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions that derive exclusively from the Contractor’s work under this Contract. Ownership includes the right to copyright, patent, register and the ability to transfer these rights.

**“Maximum Savings Share Percentage”** means the maximum percentage of Gross Savings, if any, payable to the Contractor for Performance Year. Currently this value is set to [REDACTED]

**“Mean”** means the Quality Measure average as described in Table I Exhibit 5.

**“Member Month”** means one (1) Member who is an ACP Member for one (1) month according to the TPA of UMP.

**“Members”** means a PEBB subscriber who is in PEBB’s non-Medicare risk pool, and does not have end-stage renal disease and his/her eligible dependents who do not have end-stage renal disease, and enrolled to receive Covered Services under UMP at the time such services are rendered as beneficiaries under any UMP benefit program in which UMP is the primary payor.

**“Net Deficit”** means the Gross Deficit multiplied by the Deficit Share.

**“Net Deficit Reduction per Report Percentage”** has the meaning provided in Exhibit 3.1.

**“Net Savings”** means the Gross Savings multiplied by the Savings Share.

**“Network Adequacy”** means the ACP’s ability to deliver the covered benefits by providing reasonable access to a sufficient number of in-network primary care and specialty physicians, as well as all health care services included under the terms of the Contract.

**“Out-of-Network”** means services provided from providers other than ACP Program Providers and Ancillary Providers or those Covered Services listed in Section 2.4.

**“Partner Provider”** means, as described in Section 2.3(l) of this Contract, a provider that is designated as a Partner Provider in Exhibit 4.1.

**“Partner Provider Agreement”** has the meaning set forth in Exhibit 4.2.

**“PEB Division”** means the Public Employees Benefits Division of the Health Care Authority, which manages the operations that provide insurance coverage for Eligible Member employees of Washington State agencies, higher education institutions, certain employer groups, and their families.

**“PEBB”** means the Public Employees Benefits Board authorized to design benefits and determine the terms and conditions for participation in health insurance benefits for eligible public employees and retirees under RCW 41.05.065.

**“PEBB Annual Open Enrollment”** means an annual event, set aside for a period of time, typically November 1-30, when subscribers may make changes to their health plan enrollments and salary reduction elections for the following Plan Year.

**“Performance Year”** means the Plan Year for which the Financial Reconciliation is being calculated.

**“Performance Year PEBB Risk Score”** means the average Risk Score calculated using the Performance Year incurred claims and membership data to calculate the Risk Score for the Members who are not attributed or designated with the ACP in the Performance Year and enrolled within PEBB.

**“Performance Year Risk Score”** means the Cohort-specific average Risk Score calculated using Performance Year incurred claims and membership data to calculate the Risk Score for ACP Members.

**“Per Member Per Month”** or **“PMPM”** means any measure based on a Plan Year divided by the number of Member Months.

**“Per Member Per Month Allowed Amounts”** or **“PMPM Allowed Amounts”** means the Allowed Amounts for a Plan Year divided by the number of Member Months.

**“Plan Suppliers”** means the HCA contracted entities included in Exhibit 6, as well as any of the identified entities’ Successors.

**“Plan Year”** means the 12 month duration beginning on January 1 of each year and ending December 31 of the same year.

**“Preferred Provider”** means a provider (a) in the TPA of UMP service area and contracted as part of the TPA of UMP Preferred Provider organization network; or (b) outside the TPA of UMP service area and contracted with another organization in the program (designated as a provider in the “Preferred Provider Organization (“PPO”) Network”) to provide services and supplies to TPA of UMP Members.

**“Preferred Provider Agreement”** means a contract with a provider in the TPA of UMP Service Area and contracted as part the TPA of UMP preferred provider organization network; or outside the TPA of UMP Service Area and contracted with another organization in the program (designated as a Provider in the “Preferred Provider Organization (“PPO”) Network”) to provide services and supplies to plan Members.

**“Pre-Launch Period”** means the time between the Effective Date and December 31, 2015.

**“Primary Care Specialist”** means a provider who performs (and is duly qualified to perform) one or more of the primary care specialties listed in Table I of Exhibit 3.5.

**“Protected Health Information”** has the same meaning as in HIPAA rules except that in this Contract the term includes only information created by Contractor and any of its contractors, or received from or on behalf of HCA, and relating to ACP Members.

**“Qualifying Visit”** means an encounter between an ACP Member and a health care provider in the ACP’s service area in one of the primary care specialties listed in Table I or chronic care specialties listed in Table II that generates a claim under the UMP for an E&M visit with one of the codes listed in Table III of Exhibit 3.5.

**“Quality Achievement and Measurement Program”** has the meaning described in Exhibit 5.

**“Quality Improvement Score”** means the weighted average score that the Contractor achieves across all Quality Measures during a Plan Year for the ACP as described in Exhibit 5.

**“Quality Measure”** means a quality standard described in Table 1 of Exhibit 5.

**“Quality Measure Value”** means the Contractor’s performance score for an individual Quality Measure.

**“Quality Score”** means the lookup value as described in Exhibit 5.

**“Risk Model”** means the Verisk Health DxCG Intelligence model used to calculate all risk scores.

**“Savings Share”** means the percentage of Gross Savings which the Contractor will receive based on their Quality Improvement Score and any reduction for not meeting ACP Member experience performance criteria as set forth in Section 2.8(A) of this Contract.

**“Section”** means a section of this Contract (including any Exhibit hereto).

**“Semi-Annual”** means twice per calendar year.

**“Specific Pricing Information”** means (a) all diagnostic and treatment codes, such as Internal Classification of Diseases (ICD), Diagnosis Related Group (DRG), CPT or other similar codes that when provided together in the same report or data set with the specific Allowed Amount or other price for a specific service or set of services, or (b) confidential contractual payment rates that are part of a provider - payor agreement (including the Preferred Provider Agreements for ACP Program Providers) that would provide a recipient competitive pricing information.

**“Subcontractor”** means a person to whom the Contractor delegates a function, activity, or service under this Contract, other than in the capacity of a member of the workforce of the party, and, in the case of the ACP, includes ACP Program Providers.

**“Subscriber”** means the individual PEBB Member who is the primary certificate holder and enrollee in the UMP.

**“Successor”** means any entity or individual which, through amalgamation, consolidation, or other legal succession becomes invested with rights and assumes burdens of the first contractor/vendor or any person who succeeds to the office, rights, responsibilities or place of another.

**“Target”** means the value shown for each Quality Measure in Table I of Exhibit 5 that is used to determine the improvement or deterioration in the value of a Quality Measure between the current and preceding Experience Year.

**“Target Cost PMPM”** means the Adjusted Base Cost PMPM multiplied by the Benchmark Trend Rates and the Annual Trend Guarantee Rates for each Performance Year.

**“Tentative Attribution”** (and its variations) has the meaning set forth in Exhibit 3.3.

**“Term”** has the meaning set forth in Section 2.1.

**“TPA”** means third party administrator.

**“Unadjusted Base Cost PMPM”** means the 2015 Considered Amount PMPM for Members who are ACP Members during the Performance Year.



**“Uniform Medical Plan”** and **“UMP”** means the state of Washington’s self-insured Uniform Medical Plan Classic.

**“Urgent Care”** means a visit for an illness or injury that will not cause further disability or death if not treated immediately but could become worse without treatment. Examples include: minor lacerations, urinary infections, earaches, migraine headaches and rising fever.

**“Urgent Care Center”** is a care delivery center specifically designed and able to treat Urgent Care problems. Typically it is not a regular physician office and the level of care delivered is below that delivered in an emergency department. An Urgent Care center may be free standing or associated with a hospital or physician’s office.

**“Weight”** means the value for each Quality Measure shown in Table I of Exhibit 5 that is used to determine the improvements or deteriorations in the values of the various Quality Measures.

**“Wellness Program”** means the PEBB’s SmartHealth wellness incentive program.

## **EXHIBIT 1 SERIES – CONTRACTOR OBLIGATIONS**

Exhibit 1.1 – Contractor Pre-Launch Activities

Exhibit 1.2 – Care Transformation

Exhibit 1.3 – Member Services & Member Experience

## **Exhibit 1.1 Contractor Pre-Launch Activities**

### Acceptance of Deliverables

Upon receipt of a deliverable submitted by Contractor, HCA will have an initial period of ten (10) Business Days to review and evaluate the Deliverable for deficiencies. The HCA will provide written acceptance of the deliverable if it has no deficiencies.

If a deficiency is found, the HCA will notify the Contractor of any deficiencies in writing. Contractor will have five (5) Business Days to correct any deficiencies, unless a longer timeframe is mutually agreed to by the parties, and submit the corrected deliverable to HCA. Upon receipt of the corrected deliverable, HCA will have five (5) Business Days to review and evaluate the deliverable for deficiencies. This process will be repeated until the HCA provides written acceptance of the deliverable.

Once a deliverable has been accepted by HCA, the obligations described in the deliverable will be enforceable subject to HCA's rights and remedies contained in this Contract for Contractor's failure to perform.

### June 15, 2015

1. Provide to the TPA of UMP an *initial* list of ACP Program Providers including all components of the provider roster specifications provided by HCA. The specifications will include each provider's designation of an ACP for purposes of attribution.
2. Develop detailed master implementation work plan (including key milestones).

### June 30, 2015

1. Provide to the TPA of UMP an *updated* list of ACP Program Providers including all components of the provider roster specifications provided by HCA. The specifications will include each provider's designation of an ACP for purposes of attribution.
2. Identify program gaps in ACP services based on implementation plan and present action plan (include assessment of reporting capabilities, care management capabilities, and Network Adequacy).
3. The Contractor to execute Data Sharing Agreements with Plan Suppliers and the Contractor's Data Intermediary.
4. The Contractor to set up Secure File Transfer sites (SFTs) with Plan Suppliers and the Contractor's Data Intermediary.

### July 15, 2015

1. Provide to the TPA of UMP an *updated* list of ACP Program Providers including all components of the provider roster specifications provided by HCA. The specifications will include each provider's designation of an ACP for purposes of attribution.

### July 31, 2015

1. Sign contracts with qualified member survey vendor(s).
2. Submit report on ACP clinic status on achieving Patient Centered Medical Home (PCMH) equivalency 2011 National Committee for Quality Assurance (NCQA) PCMH Level III standards (identify number and percentage of clinics with seven (7) or more primary care clinician equivalents and their status in achieving 2011 NCQA PCMH accreditation equivalency, including clinics that are on the path to achieve Level III accreditation).

3. The ACP communication plan that contains:
  - a. Participation plans for Contractor's ACP representative attending scheduled PEBB Annual Open Enrollment benefit fairs;
  - b. Producing written materials including ACP Members welcome packet and other written materials;
  - c. Web portal functionality for HCA user testing/review; and
  - d. Customer service staffing and orientation strategy.
4. Provide to the TPA of UMP a *final* list of ACP Program Providers including all components of the provider roster specifications provided by HCA. The specifications will include each provider's designation of an ACP for purposes of attribution.
5. Provide proof of signed Partner Provider Agreements, or provide proof of existing contracts, with Partner Providers listed in Exhibit 4.1 that contain terms and conditions in Exhibit 4.2.
6. Signed letters of intent for ACP Program Providers to actively join and participate in the following Foundation for Health Care Quality (FHCQ) programs: COAP, Spine SCOAP, and OB COAP.

#### September 1, 2015

1. Begin providing monthly update list (roster) of Partner Providers and Affiliate Providers, including tax identification numbers and facility names.

#### September 30, 2015

1. Submit the following quality improvement plans: Care Coordination for high-risk ACP Members, and Potentially Avoidable Hospital Readmission to Chief Medical Officer.
2. Phase I – HCA Designated Contact Center (staffed with experienced customer service reps).

Services must include the following:

  - a. Contact Center available to educate ACP Program Providers and their staff about the ACP, outlining expectations for Member experience (share education materials with HCA);
  - b. Contact Center available to answer ACP Member questions about ACP Program Providers and clinics;
  - c. Contact Center available to refer ACP Members to other experts as appropriate;
3. Phase I – HCA dedicated customized website/portal for Designated ACP Members.

The website/portal must include the following functionality:

  - a. Promotion of ACP services, programs, partners and providers
  - b. Provider search capability of all currently available ACP Program Providers
  - c. Ability to be embedded in select HCA sites
  - d. Ability to link to select HCA sites

#### November 1, 2015

1. Submit CG-CAHPS methodology and sampling plan, and plan for reporting on access and timeliness metrics. Submit specific details (i.e., data sources, measurement period, etc.) for each report listed in Section 2.3(G) to be finalized by the HCA and Contractor.
2. Submit test file of actual data on metrics tied to financial incentives except for access and timeliness metrics.

3. Phase II – HCA dedicated customized portals.
  - a. The website/portal for Designated ACP Members must include the following functionality:
    - i. All Phase I functionality
    - ii. Online welcome kit
    - iii. Administrative support for ACP Members using site (i.e. navigation and, website issues)
    - iv. Links to agreed-upon cost and quality websites
  - b. The ACP Program Provider will have an electronic health record and/or patient portal, which must include the following functionality:
    - i. User login
    - ii. Registration for access to a patient's electronic health records (i.e., MyChart)
    - iii. Appointment scheduling requests, where available
    - iv. Secure messaging with ACP Program Providers
    - v. Prescription refills
    - vi. Administrative support for ACP Members using site (i.e., password reset, navigation, website issues)

In circumstances where an ACP Program Provider does not currently have an electronic health records and/or patient portal that contains all the requirements in subsection 3(b). Contractor shall demonstrate progress of the ACP Program Provider toward meaningful use adoption or provide rationale to HCA for why participation of the Provider as a contracted ACP Program Provider is appropriate.

4. Phase II – HCA Designated Contact Center (staffed with experienced customer service representatives).

Services must include the following:

  - a. All Phase I services
  - b. Integrated with all ACP Program Providers and clinics
  - c. Extended hours of operation
  - d. Support ACP Members with appointment scheduling (centralized or warm transfer)
  - e. Triage and refer ACP Members to the 24/7 nurse line
  - f. Triage and refer ACP Members to Plan Suppliers in Exhibit 6

December 1, 2015

1. Operations Manual finalized.

December 31, 2015

1. Submit quality improvement plan for obstetrics.

## Exhibit 1.2 Care Transformation

With direction from HCA, the Contractor will operationalize care transformation strategies within the ACP and across all ACP Program Providers. However, the Contractor must complete the following activities:

- 1) **Advancing Primary Care/Patient Centered Medical Home (PCMH).** By the end of the Contract, all ACP Program Provider clinics and medical groups with seven (7) or more full time primary care clinician equivalents must achieve PCMH equivalency to meet Tier 3 Oregon Health Authority standards. By July 31, 2015, and every July thereafter, the Contractor must provide HCA with a list of those clinics and medical groups with seven (7) or more full time primary care clinician equivalents and attest to their status in achieving Tier 3 Oregon Health Authority standards (see attachment 1).

Annually, the Contractor will designate a dedicated team with appropriate expertise to audit, at least three (3) clinics selected by HCA that the Contractor attested to meeting Tier 3 standards. If any clinic failed the audit, then the Contractor will create a corrective action plan and work toward meeting applicable Tier 3 Oregon Health Authority equivalency standards; in addition, the corrective action plan must include an audit of three (3) clinics not previously audited until all selected clinics pass the audit. HCA will define the target percentages annually, in November 2015 for 2016, and every November thereafter, based on baseline information gathered from the Contractor every July. In determining target percentage, clinics that have achieved 2011 NCQA PCHM Level III accreditation or PCMH equivalency, would be given a "pass". The Contractor will be required to report Semi-Annually on its progress towards annual goals set by HCA.

- 2) **Submit Quality improvement plan on Select Topics.** The Contractor will be responsible for submitting a quality improvement plan to improve quality within and across the ACP on specific topics listed below. Each plan must include goals, milestones, appropriate metrics and the following components specified below. The Contractor will be responsible for presenting plans and progress on meeting goals laid out in the plans at the quarterly meetings with HCA (schedule of topics to be determined by the HCA Chief Medical Officer (CMO)). The format of the plans is to be determined jointly by the ACP and HCA Chief Medical Officer (CMO).

Quality improvement plans should not exceed twenty (20) pages, single side, and should include the following:

- (1) Quality Improvement goals;
- (2) Milestones and timeline;
- (3) High-level report on achieving goals and milestones (identify which have been achieved; and if not, provide detail on why milestones have not been achieved, what course corrections have been implemented, address operational concerns);
- (4) Dashboard of appropriate metrics results (defined in Contract, by clinic/medical group and hospital level results by ACP Program Provider);
- (5) Other topic-specific components specified in the Contract; and
- (6) Comparison of past quality improvement plans if scope, goals or other changes were made from previous year(s).

Contractor may attach appendices as necessary.

a) Care Coordination for High-Risk ACP Members

- i) The Contractor will utilize a mutually agreed upon protocol to identify ACP Members with multiple chronic conditions and/or advanced illness who are at high risk of poor outcomes and would benefit from planned care management interventions. The Contractor will: 1) pro-actively reach out to ACP Members identified as high risk to assure that they are empaneled with a primary care home; and 2) connect them with a care coordinator who is part of the patient's primary care clinic team. Together with the primary care team, the care coordinator will support ACP Members and care givers by:
- (1) Performing a comprehensive assessment of care needs and gaps;
  - (2) Developing a trusting relationship through the use of evidence-based and patient-centered engagement methods, such as motivational interviewing;
  - (3) Developing a care plan that takes into account gaps in care as well as functional status, patient activation, behavioral health and social service needs, and barriers to care. The plan and associated goals should reflect the patient's priorities and goals, and be available to and shared with other members of the care team across primary and specialty care;
  - (4) Working closely with patients and their family members and caregivers, as well as primary, specialty, behavioral health and social service providers to assure adherence to the care plan through clear and consistent communication and coordination of efforts on behalf of the ACP Members;
  - (5) Assuring timely (within 30 minutes) after-hours phone access to a primary care team member who can connect electronically to the ACP Member's medical record and care plan;
  - (6) Rapidly and effectively responding to changes in a ACP Member's condition to avoid use of unnecessary services, particularly emergency department visits or hospitalizations by serving as a primary point of contact for patients and their families and caregivers;
  - (7) Coordinating transitions of care from hospital (ED or inpatient) to home or the next appropriate level of care (e.g. skilled nursing);
- ii) HCA recognizes that the needs of ACP Members being served and the nature of the clinic setting (e.g. urban vs. rural; large vs. small) will determine the composition and roles of the primary care management team, physical location of care coordinators and the number of ACP Members assigned to a care coordinator at any point in time. Program protocols and the clinical judgment of care coordinators and primary care team members should dictate the frequency of scheduled interactions, as well as whether such interactions should be by phone or in person.
- iii) The Contractor will provide HCA with a full description of its plan for managing high risk ACP Members consistent with the principles outlined above prior to September 30, 2015. The Contractor will also report quarterly on the number of ACP Members eligible for high-risk care management; the number of ACP Members engaged in high-risk care management. The precise content of such reports will be agreed upon by HCA and the Contractor prior to August 1, 2015.

- b) Obstetrics/Maternity Care Improvement Plan
  - i) This plan must align with the Bree Collaborative obstetrics recommendations, and demonstrate how each recommendation will be implemented.
  - ii) A strategy to decrease C-Sections, including use of evidence-based labor and delivery guidelines for C-Sections referenced by the Bree Collaborative.
  - iii) Contractor must participate in OBCOAP.
  - iv) Contractor will begin implementing shared decision making strategies for all VBAC eligible women at two pilot sites where deliveries occur by January 1, 2016. The Contractor must develop a shared decision making model for the pilots that include:
    - (1) Training ACP Program Providers in the shared decision making model;
    - (2) A process for how ACP Members will be engaged in shared decision making; and
    - (3) The type of provider engaging with the ACP Members during shared decision making.
  - v) The first plan must be submitted to the HCA CMO by December 31, 2015, and updated on an annual basis thereafter by each September 1.
- c) Potentially Avoidable Hospital Readmission Strategies and Improvement Plan
  - i) This plan must align with the Bree Collaborative Potentially Avoidable Hospital Readmission Strategies and recommendations and include adoption of care transition processes that are in alignment with the WSHA Care Transitions Toolkit.
  - ii) Must measure, report, and discuss plans for improvement on Bree Collaborative recommended measures (by an ACP Program Provider): percent of inpatients with diagnosis of acute myocardial infarction (AMI), heart failure (HF), community acquired pneumonia, chronic obstructive pulmonary disease (COPD), and stroke for which there is:
    - (1) Patient discharge information provided to the primary care provider (PCP) or aftercare provider within three Business Days of discharge, and
    - (2) A documented follow-up phone call after discharge within three (3) Business Days.
  - iii) The first plan must be submitted to the HCA CMO by September 30, 2015, and updated on October 1 on an annual basis thereafter.
- d) Total Knee and Hip Replacement (TKR and THR) Surgery Bundle
  - i) Must address plans and timeline to implement a TKR and THR surgery Bundle according to the Bree Collaborative recommendations. This plan must be submitted to the HCA Chief Medical Officer by March 31, 2016.
  - ii) Must include progress on measuring and reporting on the detailed quality standards identified by the Bree Collaborative: appropriateness, evidence-based surgery, ensuring rapid return to function, patient care experience, and patient safety and affordability.
  - iii) Contractor is required to provide a detailed progress report on their progress in meeting their goals at each quarterly meeting.



- iv) Contractor will begin implementing shared decision making strategies for all persons eligible for joint replacement surgery at two pilot sites where such surgeries take place by January 1, 2017. The Contractor must develop a shared decision making model for the pilots that include:
    - (1) Training ACP Program Providers in the shared decision making model;
    - (2) A process for how ACP Members will be engaged in shared decision making; and
    - (3) The type of provider engaging with the ACP Members during shared decision making.
  - v) The first plan must be submitted to the HCA CMO by March 31, 2016, and updated on April 1 on an annual basis thereafter.
- e) Spinal Fusion Bundle
- i) Must address plans and timeline to implement a spinal fusion Bundle according to the Bree Collaborative recommendations. This plan must be submitted to the HCA Chief Medical Officer by March 31, 2016, and updated on April 1 on an annual basis thereafter.
  - ii) Must include progress on measuring and reporting on the detailed quality standards identified by the Bree Collaborative: appropriateness, evidence-based surgery, ensuring rapid return to function, patient care experience, and patient safety and affordability.
  - iii) Contractor is required to provide a detailed progress report on their progress in meeting their goals annually at one of the quarterly meetings with the HCA ACP Leadership Team.
  - iv) Contractor will begin implementing shared decision making strategies for all persons eligible for spinal fusion surgery at two pilot sites where such surgeries take place by January 1, 2017. The Contractor must develop a shared decision making model for the pilots that include:
    - (1) Training ACP Program Providers in the shared decision making model;
    - (2) A process for how ACP Members will be engaged in shared decision making; and
    - (3) The type of provider engaging with the ACP Members during shared decision making.
- f) Cardiology Improvement Plan
- i) Must address plans and timeline to implement strategies to increase appropriateness of percutaneous coronary interventions according to the Bree Collaborative recommendations within and across ACP Program Providers.
  - ii) Each ACP Program Provider must participate or show evidence on intent to participate in COAP by January 1, 2016.
  - iii) The first plan must be submitted to the HCA CMO by March 31, 2016, and updated on April 1 on an annual basis thereafter.

- g) Low Back Pain Improvement Plan
- i) Must address plan to incorporate individual delivery system elements of the Bree Collaborative recommendations.
  - ii) Must include approach to reduce the misuse of opiates for non-malignant chronic pain consistent with the most recent guidelines from the Agency Medical Directors' Group (AMDG), which are available at <http://www.agencymeddirectors.wa.gov/guidelines.asp>.
  - iii) Each ACP Program Provider must participate or show evidence on intent to participate in Spine SCOAP by January 1, 2016.
  - iv) The first plan must be submitted to the HCA CMO by June 30, 2016, and updated on July 1 on an annual basis thereafter.
- h) End of Life Care Improvement Plan
- i) Must detail how ACP Program Providers' end of life strategies align with the Bree Collaborative recommendations including but not limited to, integration of evidence-based, culturally appropriate advanced care planning into clinical care, use of advanced care planning tools and Physician Orders of Life-Sustaining Treatment (POLST) when appropriate, designation of legal durable power of attorney for health care.
  - ii) Contractor will begin implementing shared decision making strategies for all persons eligible for end of life care by January 01, 2018. The Contractor must develop a shared decision making model that includes:
    - (1) Training ACP Program Providers in the shared decision making model;
    - (2) A process for how ACP Members will be engaged in shared decision making; and
    - (3) The type of provider engaging with the ACP Members during shared decision making.
  - iii) The first plan must be submitted to the HCA CMO by June 30, 2016, and updated on July 1 on an annual basis thereafter.
- i) Addiction and Dependence Treatment Improvement Plan
- i) Must detail how an ACP Program Provider's addiction and dependence treatment plan align with the Bree Collaborative recommendations.
  - ii) The first plan must be submitted to the HCA CMO by June 30, 2016, and updated on July 1 on an annual basis thereafter.
- j) Future Bree Collaborative Recommendations Selected by HCA
- i) Contractor must submit quality improvement plans on future Bree Collaborative topics selected by HCA and detail how plans align with Bree Collaborative recommendations.
  - ii) Contractor must submit plans within six (6) months of adoption by the Bree Collaborative, and a yearly basis thereafter (e.g., if recommendations are adopted on January 1<sup>st</sup>, Contractor has until June 1<sup>st</sup> to submit a report, and must submit updated reports on June 1 on an annual basis thereafter).

**3) Participation in Accountable Communities of Health.**

- a) Contractor and Partner Providers must demonstrate on an ongoing basis, active participation in Accountable Communities of Health in regions where Contractor is providing an ACP option.

**4) Active Participation with Purchasers on Strategies & Participation in Multi-Payer & Multi-Stakeholder Activities.**

- a) Contractor must actively participate in multi-payer and multi-stakeholder activities. Actively participating is defined as incorporating recommendations produced by community collaboratives and quality improvement programs including Accountable Communities of Health, the Health Technology Clinical Committee, Dr. Robert Bree Collaborative and the Foundation for Health Care Quality programs, COAP, Spine SCOAP, and OB COAP
- b) Contractor must assist in replicating or extending HCA's ACP model and requirements with other interested purchasers by attending meetings and/or conferences requested by HCA. Contractor will not be requested to share financial Contract details nor other terms deemed proprietary with other purchasers.

**Exhibit 1.2      Attachment 1**

**Patient-Centered Primary Care Home 2014 Recognition Criteria Quick Reference Guide**

Oregon Health Authority Last Updated December 5, 2013

This guide is intended to provide a brief overview of Oregon's Patient-Centered Primary Care Home (PCPCH) Program criteria for recognition that is effective January 1, 2014. The technical specifications are available now at [www.PrimaryCareHome.oregon.gov](http://www.PrimaryCareHome.oregon.gov) or by [clicking here](#).

Please refer to the following definitions when using this document:

**Unchanged:** The measure was part of the 2011 criteria.

**New:** This optional measure was added to the 2014 criteria.

**(D):** Data submission required.

The scoring system for the 2014 PCPCH recognition criteria remains the same. There are 10 must-pass standards that every recognized clinic must meet. The other standards are optional, allowing clinics to accumulate points towards a total that determines their overall tier of PCPCH recognition. A clinic's overall tier of recognition is determined by the following:

- Tier 1:      30 – 60 points and all 10 must-pass measures
- Tier 2:      65 - 125 points and all 10 must-pass measures
- Tier 3:      130 or more points and all 10 must-pass measures

**Important Note:**

Any clinic applying for PCPCH recognition must review the technical specifications prior to submitting an application. The technical specifications describe each measure in more detail, including what documentation the clinic must have to support their attestation. Clinics must have all services, processes, and policies they attest to in place at the time the PCPCH application is submitted.

PCPCH CORE ATTRIBUTE	Unchanged or New?	Must Pass?	Points Available
PCPCH Standard			
PCPCH Measures			
<b>CORE ATTRIBUTE 1: ACCESS TO CARE - "Health care team, be there when we need you."</b>			
<b>Standard 1.A) In-Person Access</b>			
1.A.1 PCPCH surveys a sample of its population on satisfaction with in-person access to care.	Unchanged	No	5
1.A.2 PCPCH surveys a sample of its population using one of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey tools on patient satisfaction with access to care.	Unchanged	No	10
1.A.3 PCPCH surveys a sample of its population using one of the CAHPS survey tools, and meets a benchmark on patient satisfaction with access to care.	Unchanged	No	15
<b>Standard 1.B) After Hours Access</b>			
1.B.1 PCPCH offers access to in-person care at least 4 hours weekly outside traditional business hours.	Unchanged	No	5
<b>Standard 1.C) Telephone and Electronic Access</b>			
1.C.0 PCPCH provides continuous access to clinical advice by telephone.	Unchanged	Yes	0
1.C.1 When patients receive clinical advice via telephone, these telephone encounters (including after-hours encounters) are documented in the patient's medical record.	New	No	5
<b>Standard 1.D) Same Day Access</b>			
1.D.1 PCPCH provides same day appointments.	New	No	5
<b>Standard 1.E) Electronic Access</b>			
1.E.3 Using a method that satisfies either Stage 1 or Stage 2 meaningful use measures, the PCPCH provides patients with an electronic copy of their health information upon request.	New	No	15
<b>Standard 1.F) Prescription Refills</b>			
1.F.1 PCPCH tracks the time to completion for prescription refills.	New	No	5
<b>CORE ATTRIBUTE 2: ACCOUNTABILITY - "Take responsibility for making sure we receive the best possible health care."</b>			
<b>Standard 2.A) Performance &amp; Clinical Quality</b>			
2.A.0 PCPCH tracks one quality metric from the core or menu set of PCPCH Quality Measures.	Unchanged	Yes	0

PCPCH CORE ATTRIBUTE	Unchanged or New?	Must Pass?	Points Available
<b>PCPCH Standard</b>			
<b>PCPCH Measures</b>			
2.A.2 PCPCH tracks and reports to the OHA two measures from the core set and one measure from the menu set of PCPCH Quality Measures. (D)	Unchanged	No	10
2.A.3 PCPCH tracks, reports to the OHA and meets benchmarks on two measures from the core set and one measure from the menu set of PCPCH Quality Measures. (D)	Unchanged	No	15
<b>Standard 2.B) Public Reporting</b>			
2.B.1 PCPCH participates in a public reporting program for performance indicators.	New	No	5
2.B.2 Data collected for public reporting programs is shared within the PCPCH (with providers and staff) for improvement purposes.	New	No	10
<b>Standard 2.C) Patient and Family Involvement in Quality Improvement</b>			
2.C.1 PCPCH involves patients, caregivers, and patient-defined families as advisors on at least one quality or safety initiative per year.	New	No	5
2.C.2 PCPCH has established a formal mechanism to integrate patient, caregiver, and patient-defined family advisors as key members of quality, safety, program development and/or educational improvement activities.	New	No	10
2.C.3 Patient, caregiver, and patient-defined family advisors are integrated into the PCPCH and function in peer support or in training roles.	New	No	15
<b>Standard 2.D) Quality Improvement</b>			
2.D.1 PCPCH uses performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency and patient experience.	New	No	5
2.D.2 PCPCH utilizes improvement teams that are multi-disciplinary and meet regularly to review timely, actionable, team-level data related to their chosen improvement project and documents their progress.	New	No	10
2.D.3 PCPCH has a documented clinic-wide improvement strategy with performance goals derived from community, patient, family, caregiver, and other team feedback, publicly reported measures, and areas for clinical and operational improvement identified by the practice. The strategy includes a quality improvement methodology, multiple improvement related projects, and feedback loops for spread of best practice.	New	No	15

PCPCH CORE ATTRIBUTE	Unchanged or New?	Must Pass?	Points Available
PCPCH Standard			
PCPCH Measures			
<b>Standard 2.E) Ambulatory Sensitive Utilization</b>			
2.E.1- PCPCH tracks selected utilization measures most relevant to their overall or an at-risk patient population.	New	No	5
2.E.2 - PCPCH tracks selected utilization measures, and sets goals and works to optimize utilization through: monitoring selected measures on a regular basis, and enacting evidence-based strategies to promote appropriate utilization.	New	No	10
2.E.3 - PCPCH tracks selected utilization measures, and shows improvement or meets a benchmark on selected utilization measures.	New	No	15
<b>CORE ATTRIBUTE 3: COMPREHENSIVE WHOLE-PERSON CARE - "Provide or help us get the health care, information, and services we need."</b>			
<b>Standard 3.A) Preventive Services</b>			
3.A.1 PCPCH routinely offers or coordinates recommended age and gender appropriate preventive services based on best available evidence.	Unchanged <sup>1</sup>	No	5
3.A.2 PCPCH routinely offers or coordinates recommended age and gender appropriate preventive services, and has an improvement strategy in effect to address gaps in preventive services offerings as appropriate for the PCPCH patient population.	New	No	10
3.A.3 PCPCH routinely offers or coordinates 90% of all recommended age and gender appropriate preventive services.	New	No	15
<b>Standard 3.B) Medical Services</b>			
3.B.0 PCPCH reports that it routinely offers all of the following categories of services: Acute care for minor illnesses and injuries; Ongoing management of chronic diseases including coordination of care; Office-based procedures and diagnostic tests; Patient education and self-management support.	Unchanged	Yes	0
<b>Standard 3.C) Mental Health, Substance Abuse, &amp; Developmental Services (check all that apply)</b>			
3.C.0 PCPCH has a screening strategy for mental health, substance use, or developmental conditions and documents on-site and local referral resources.	Unchanged	Yes	0

<b>PCPCH CORE ATTRIBUTE</b>			
<b>PCPCH Standard</b>	<b>Unchanged or New?</b>	<b>Must Pass?</b>	<b>Points Available</b>
<b>PCPCH Measures</b>			
3.C.2 PCPCH has a cooperative referral process with specialty mental health, substance abuse, or developmental providers including a mechanism for co-management as needed.	Unchanged <sup>2</sup>	No	10
3.C.3 PCPCH is co-located either actually or virtually with specialty mental health, substance abuse, or developmental providers.	Unchanged	No	15
<b>Standard 3.D) Comprehensive Health Assessment &amp; Intervention</b>			
3.D.1 PCPCH provides comprehensive health assessment and interventions, when appropriate, for at least three health risk or developmental promotion behaviors.	Unchanged	No	5
<b>Standard 3.E) Preventive Services Reminders</b>			
3.E.1 PCPCH uses patient information, clinical data, and evidence-based guidelines to generate lists of patients who need reminders and to proactively advise patients/families/caregivers and clinicians of needed services.	New	No	5
3.E.2 PCPCH tracks the number of unique patients who were sent appropriate reminders.	New	No	10
3.E.3 Using a method that satisfies either Stage 1 or Stage 2 meaningful use measures, the PCPCH sends reminders to patients for preventative/follow-up care.	New	No	15
<b>CORE ATTRIBUTE 4: CONTINUITY - "Be our partner over time in caring for us."</b>			
<b>Standard 4.A) Personal Clinician Assigned</b>			
4.A.0 PCPCH reports the percentage of active patients assigned to a personal clinician or team. (D)	Unchanged	Yes	0
4.A.3 PCPCH meets a benchmark in the percentage of active patients assigned to a personal clinician or team. (D)	Unchanged	No	15
<b>Standard 4.B) Personal Clinician Continuity</b>			
4.B.0 PCPCH reports the percent of patient visits with assigned clinician or team. (D)	Unchanged	Yes	0
4.B.2 PCPCH tracks and improves the percent of patient visits with assigned clinician or team. (D)	New	No	10



<b>PCPCH CORE ATTRIBUTE</b>			
<b>PCPCH Standard</b>	<b>Unchanged or New?</b>	<b>Must Pass?</b>	<b>Points Available</b>
<b>PCPCH Measures</b>			
4.B.3 PCPCH meets a benchmark in the percent of patient visits with assigned clinician or team. (D)	Unchanged	No	15
<b>Standard 4.C) Organization of Clinical Information</b>			
4.C.0 PCPCH maintains a health record for each patient that contains at least the following elements: problem list, medication list, allergies, basic demographic information, preferred language, BMI/BMI percentile/growth chart as appropriate, and immunization record; and updates this record as needed at each visit.	Unchanged	Yes	0
<b>Standard 4.D) Clinical Information Exchange</b>			
4.D.3 PCPCH shares clinical information electronically in real time with other providers and care entities (electronic health information exchange).	Unchanged	No	15
<b>Standard 4.E) Specialized Care Setting Transitions</b>			
4.E.0 PCPCH has a written agreement with its usual hospital providers or directly provides routine hospital care.	Unchanged	Yes	0
<b>Standard 4.F) Planning for Continuity</b>			
4.F.1 PCPCH demonstrates a mechanism to reassign administrative requests, prescription refills, and clinical questions when a provider is not available.	New	No	5
<b>Standard 4.G) Medication Reconciliation</b>			
4.G.1 Upon receipt of a patient from another setting of care or provider of care (transitions of care) the PCPCH performs medication reconciliation.	New	No	5
4.G.2 PCPCH tracks the percentage of patients whose medication regimen is reconciled.	New	No	10
4.G.3 Using a method that satisfies either Stage 1 or Stage 2 meaningful use measures, the PCPCH performs medication reconciliation for patients in transition of care.	New	No	15
<b>CORE ATTRIBUTE 5: COORDINATION AND INTEGRATION - "Help us navigate the health care system to get the care we need in a safe and timely way."</b>			
<b>Standard 5.A) Population Data Management (check all that apply)</b>			
5.A.1a PCPCH demonstrates the ability to identify, aggregate, and display up-to-date data regarding its patient population.	Unchanged	No	5

PCPCH CORE ATTRIBUTE	Unchanged or New?	Must Pass?	Points Available
PCPCH Standard			
PCPCH Measures			
5.E.2 PCPCH demonstrates active involvement and coordination of care when its patients receive care in specialized settings (hospital, SNF, long term care facility).	Unchanged <sup>6</sup>	No	10
5.E.3 PCPCH tracks referrals and cooperates with community service providers outside the PCPCH, such as dental, educational, social service, foster care, public health, non-traditional health workers and pharmacy services.	Unchanged <sup>7</sup>	No	15
<b>Standard 5.F) End of Life Planning</b>			
5.F.0 PCPCH has a process to offer or coordinate hospice and palliative care and counseling for patients and families who may benefit from these services.	Unchanged	Yes	0
5.F.1 PCPCH has a process to engage patients in end-of-life planning conversations and completes advance directive and other forms such as POLST that reflect patients' wishes for end-of-life care; forms are submitted to available registries (unless patients' opt out).	New	No	5
<b>CORE ATTRIBUTE 6: PERSON AND FAMILY CENTERED CARE - "Recognize that we are the most important part of the care team - and that we are ultimately responsible for our overall health and wellness."</b>			
<b>Standard 6.A) Language / Cultural Interpretation</b>			
6.A.0 PCPCH offers and/or uses either providers who speak a patient and family's language at time of service in-person or telephonic trained interpreters to communicate with patients and families in their language of choice.	Unchanged	Yes	0
6.A.1 PCPCH translates written patient materials into all languages spoken by more than 30 households or 5% of the practice's patient population.	New	No	5
<b>Standard 6.B) Education &amp; Self-Management Support</b>			
6.B.1 PCPCH has a process for identifying patient-specific educational resources and providing those resources to patients when appropriate.	Unchanged <sup>8</sup>	No	5
6.B.2 More than 10% of unique patients are provided patient-specific education resources.	New	No	10

PCPCH CORE ATTRIBUTE			
PCPCH Standard	Unchanged or New?	Must Pass?	Points Available
PCPCH Measures			
6.B.3 More than 10% of unique patients are provided patient-specific education resources and self-management services.	New	No	15
<b>Standard 6.C) Experience of Care</b>			
6.C.1 PCPCH surveys a sample of its patients and families at least annually on their experience of care. The patient survey must include questions on access to care, provider or health team communication, coordination of care, and staff helpfulness. The recommended patient experience of care survey is one of the CAHPS survey tools.	Unchanged	No	5
6.C.2 PCPCH surveys a sample of its population at least annually on their experience of care using one of the CAHPS survey tools. The patient survey must at least include questions on provider communication, coordination of care, and practice staff helpfulness.	Unchanged <sup>9</sup>	No	10
6.C.3 PCPCH surveys a sample of its population at least annually on their experience of care using one of the CAHPS survey tools and meets benchmarks on the majority of the domains regarding provider communication, coordination of care, and practice staff helpfulness.	Unchanged <sup>10</sup>	No	15
<b>Standard 6.D) Communication of Rights, Roles, and Responsibilities</b>			
6.D.1 PCPCH has a written document or other educational materials that outlines PCPCH and patient/family rights, roles, and responsibilities and has a system to ensure that each patient or family receives this information at the onset of the care relationship.	New	No	5

<sup>67</sup> The intent of this measure has not changed, but the language has been clarified.

<sup>67</sup> The intent of this measure has not changed, but the language has been clarified.

<sup>3</sup> The intent of this measure has not changed, but the language has been clarified.

<sup>4</sup> This measure was included in the 2011 criteria under Standard 5F; the intent has not changed, but language is clarified and reorganized under 2014 Standard 5.C.

<sup>5</sup> The intent of this measure has not changed, but the language has been clarified.

<sup>6</sup> This measure was included in the 2011 criteria as measure 5.E.1.b; the intent has not changed, but language is clarified and reorganized as measure 5.E.2.

<sup>7</sup> The intent of this measure has not changed, but the language has been clarified.

<sup>8</sup> The intent of this measure has not changed, but the language has been clarified.

<sup>9</sup> The intent of this measure has not changed, but the language has been clarified.

<sup>10</sup> The intent of this measure has not changed, but the language has been clarified.

## Exhibit 1.3 Member Services & Member Experience

The Contractor is responsible to create a high quality Member experience. At a minimum, the Member experience is to include:

### 1. Provider Access

#### (a) Timely Access

Contractor shall make reasonable efforts to provide ACP Members with timely and convenient access to ACP Program Providers in accordance with the specifications set forth in Table I. However, the specifications in Table I are not included in the Financial Reconciliation. At the same time, Contractor will provide reports per 2.3(F) and 2(e)(iv) below demonstrating adequacy of timely access for each ACP Program Provider.

For the purposes of Section 1(a) of this Exhibit only, the following definitions supplement Contract Section 3.37's definitions and these supplemental definitions do not apply to any other part of this Contract or any other Exhibit:

- i) *"Primary Care Physician (PCP) Visit"* means a visit with a practitioner in one of the following specialties: general practice, family practice, internal medicine, general, pediatric medicine (excluding all pediatric subspecialists), geriatric medicine and preventive medicine. The practitioner may be a physician, primary care nurse practitioner, primary care physician assistant, or certified clinical nurse specialist.
- ii) *"PCP Routine and Non-Urgent Care"* means a visit that is not considered urgent or emergent. Examples include: preventive care, ongoing management of chronic conditions and health education.
- iii) *"PCP Acute and Urgent Care"* means a visit for an illness or injury that will not cause further disability or death if not treated immediately but could become worse without treatment. Examples include: minor lacerations, urinary tract infections, earaches, migraine headaches and rising fever.
- iv) *"Specialist Visit"* means a visit with a physician who is considered a medical specialist.
- v) *"Specialist Routine and Non-Urgent Care"* means a visit for an initial consult or procedure that is not considered urgent or care visit for specialty follow-up of a chronic condition. Examples include: initial consultation of a non-urgent surgical problem, such as asymptomatic inguinal hernia, or mildly decreased but stable kidney function.
- vi) *"Specialist Acute and Urgent Care"* means a visit for an illness or injury that will not cause further disability or death if not treated immediately but could become worse without treatment. Examples include: symptomatic inguinal hernia, acute exacerbation of chronic condition, request by PCP or medical specialist for urgent surgical consultation.

**Table I**

Category	Criteria	Designated	Attributed
		2016+	2016+
<b>PCP Visits for acute and urgent problems</b>	Same or next day PCP visits with PEBB Member's PCP, covering PCP, a new PCP (for those without an existing PCP relationship), or at an Urgent Care clinic.	█ of the time	█ of the time
<b>PCP Visits for non-urgent and routine problems</b>	Within ten (10) Business Days, with PEBB Member's PCP, or for those without an existing PCP relationship, or a new PCP. The visit may be with a covering PCP if the PEBB Member's PCP is unavailable to do protracted absence from the office.	█ of the time	█ of the time
<b>Specialist Visits for acute and urgent problems</b>	Within three (3) Business Days.	█ of the time	█ of the time
<b>Specialist Visits for non-urgent and routine problems</b>	Within ten (10) Business Days. For ACP Members with an ongoing relationship with a specialist, the appointment will be with that specialist (if the condition is related to the original condition), or a covering practitioner in the same practice.	█ of the time	█ of the time

**(b) After Hours Access**

Contractor will ensure that at least [REDACTED] of its ACP Program Providers have primary care accessible to ACP Members until at least 7:00 p.m. on Monday through Friday nights, and at least four (4) hours of access on Saturday or Sunday. In addition, Urgent Care sites shall be made available for acute, Urgent Care access.

**2) Administrative and Clinical Assistance/Services**

Contractor shall provide enhanced administrative and clinical assistance/services to ACP Members in accordance with the following specifications:

- (a) HCA Dedicated Contact Center Services. Contractor will have a well-functioning, centralized call center (or subset of current call center) dedicated to ACP Members in place by November 1, 2015 for Designated ACP Members (the "HCA Designated Contact Center"). Access to the HCA Dedicated Contact Center for Attributed ACP Members, shall be effective January 1, 2017 unless it is mutually agreed that such services shall not be implemented, such agreement shall not be unreasonably withheld by either party.

The HCA Designated Contact Center will be integrated with the ACP Program Providers, have extended hours of operation (Monday through Friday 6:30am-8:00pm Pacific Time; Saturday 7:00am-6:00pm) and have the following services:

- i) Appointment scheduling weekdays (centralized or warm transferred), referral coordination and system navigation support
- ii) Triage capabilities to a 24/7 nurse line or elsewhere as appropriate;
- iii) Access to on-line prescription refill request through EHR;
- iv) Additional triage capabilities to other Plan Suppliers, as specified in the Contract; and
- v) Administrative issue resolution (i.e., website functionality to remind ACP Members who have forgotten their web portal log in, etc.).

- (b) HCA Dedicated Contact Center Advocates. HCA Designated Contact Center advocates will have customer service experience in a health care or health insurance environment and will provide the following essential functions:

- i) Receive, research and process queries and information from ACP Members to determine needs/wants and ensure their issues are resolved;
- ii) Analyze inquiries and determine path to be taken to respond in a prompt and accurate manner; and
- iii) Demonstrate flexibility in meeting ACP Member needs including addressing deviations from normal practices or procedures.
- iv) Use an escalation process with the ability for a warm transfer to the TPA of UMP.

- (c) HCA Dedicated Contact Center Performance Guarantees. Contractor shall meet the following monthly standard call center performance guarantees:
- i) *Average speed of answer*:  $\geq 80\%$  of calls answered within thirty (30) seconds or less
  - ii) *Abandonment rate*:  $\leq 5\%$  of calls abandoned
  - iii) *First call resolution*:  $\geq 90\%$  of calls resolved during first call
- (d) Website/Portal for Designated ACP Members. Contractor will have a well-functioning, customized HCA dual-branded, Member portal that provides access to the Designated ACP Member's EMR in place by November 1, 2015, with the following requirements:
- i) The Phase I and Phase II requirements included in Exhibit 1.1;
  - ii) Updates electronically available ACP tools that support decision-making on clinical options or provides information on how to access such tools through the ACP;
  - iii) Contractor will expand the portal to allow access from smart phones by January 1, 2017;
  - iv) Links to Plan Supplier websites, when they are available, for the Plan Suppliers included in Exhibit 6; and
  - v) Newly subcontracted ACP Program Providers will be added within thirty (30) days of the execution of the provider agreement, which requires HCA's approval as described in Section 2.3(I) of this Contract.
- (e) Member Access and Member Experience Reporting. Contractor will report on Member experience by ACP Program Provider annually each September. The report will include:
- i) Adherence levels to each of the standards in Section (1) (b), and Section 2(c) of this Exhibit.
  - ii) An action plan for those areas where standards are not met.
  - iii) Evidence of compliance to Sections (2)(a), (2)(b), (2)(d), and (2)(e) of this Exhibit.
  - iv) A description of what is working particularly well within the ACP and what areas of improvement will be the focus over the next twelve (12) month period. Provider access results: (1) CG-CAHPS reporting including all additional questions measured and reported by the Washington Health Alliance (WHA) and quarterly (2) internal monitoring of patient access escalation and "third next available" appointments (Contractor will also report this quarterly per 2.3(G)). Contractor shall identify gaps in provider access and plans to resolve such gaps (Contractor will also report quarterly per 2.3(G)).



## **EXHIBIT 2 SERIES – HCA OBLIGATIONS**

Exhibit 2.1 – HCA Pre-Launch Activities

Exhibit 2.2 – Reports

Exhibit 2.3 – Data Elements

Exhibit 2.4 – HCA Reports – Data Confidentiality Restrictions

## **Exhibit 2.1 HCA Pre-Launch Activities**

For HCA to deliver any of the reports set forth below by the corresponding due date, Contractor must cooperate with HCA and any applicable Plan Supplier in a timely fashion and sign off on data formats for each report and other requirements. Notwithstanding anything in the Contract to the contrary, HCA will not be penalized for any report delivered past its due date if, despite diligent and good faith efforts, Contractor and HCA have been unable to agree on the report format and other applicable requirements.

### May 22, 2015

1. Deliver provider roster specification template to ACP.

### June 1, 2015

1. Initiate meetings with Contractor to discuss the vendors identified for integration, data and reporting requirements, HCA expectations of ACP care management model, and HCA expectations for Member experience.
2. Develop and share with Contractor a Communications Plan.

### June 15, 2015

1. Deliver claims extract and supplemental reporting specifications template to ACP.

### July 31, 2015

1. Finalize Member incentives for October 2015 open enrollment (through plan design and contributions).
2. HCA will provide Contractor with the Ancillary Provider List for Plan Year 2016.

### Tentatively August 1, 2015

1. Provide historical data feed to ACP's Data Intermediary reflecting claims incurred in Plan Year's 2012, 2013, and 2014, for members likely to be attributed to the ACP. The exact deadline for HCA to provide this data feed is within forty-five (45) calendar days of receipt of validated provider roster specifications from Contractor.

### August 31, 2015

1. Direct the Plan Suppliers to begin to deliver to Contractor's Data Intermediary monthly claims files for medical and pharmacy, assuming the appropriate Data Sharing Agreement have been executed.

### September 30, 2015

1. Begin delivery of monthly attribution reports to Contractor.

### October 31, 2015

1. Establish monthly supplemental reports by Plan Suppliers.

### November 30, 2015

1. Establish PCMH target percentages for 2016.

## Exhibit 2.2 Reports

### 1. Financial Reconciliation

HCA will perform and provide to Contractor the Financial Reconciliation as specified in Section 2.7 of the Contract and in Exhibit 3.3. This will include a summary of the Contractor's performance on the Quality Measures described in Exhibit 5. HCA will perform and provide to Contractor the first Financial Reconciliation on August 1, 2017. HCA will also provide a test Financial Reconciliation on August 1, 2016.

### 2. Format and Due Dates for Reports

A preliminary description of the reports and their corresponding due dates is set forth in Table I. The parties may adjust the reports to be provided under this Section 2 and their corresponding due dates throughout the Term by mutually agreeing upon a new version of Table I. Notwithstanding the preceding sentence, at any point during the Term, HCA may change the Plan Supplier of each report set forth in Table I upon reasonable prior notice to Contractor. The parties will reasonably agree, in consultation with the applicable Plan Supplier, on the format for each report. Specific data elements for certain reports are described in Exhibit 2.3. The data or report is timely delivered on the applicable due date if it is posted on the FTP or web portal site.

**Table I - HCA Reports Description of Data/Reports, Due Date, and Deficit Share Reduction**

Description of Data/Report	Plan Supplier	Due Date	Deficit Share Reduction	Maximum Annual Deficit Share Reduction
Claims data extract – medical and behavioral health (monthly)	HCA VENDOR	On or before the 28 <sup>th</sup> day of the following month	██████	██████
Claims data extract – pharmacy (biweekly or monthly)	HCA VENDOR	On or before the 25 <sup>th</sup> day of the following month (or period close)	██████ % for biweekly reports ██████ for monthly reports	██████
Claims Enrollment File	HCA VENDOR	On or before the 28 <sup>th</sup> day of the following month	██████	██████
In-patient admission report (daily)	HCA VENDOR	Each Business Day	██████	██████
Eligibility File that includes Designated ACP Member list (monthly)	HCA VENDOR	On or before the 25 <sup>th</sup> day of the following month	██████	██████

Description of Data/Report	Plan Supplier	Due Date	Deficit Share Reduction	Maximum Annual Deficit Share Reduction
<b>Tentative Attribution (monthly)</b>	HCA VENDOR	On or before the 25 <sup>th</sup> day following the close of the month	■	■
<b>Definitive Attribution (annually)</b>	HCA VENDOR	Per Financial Reconciliation requirements	■	■
<b>High cost claimant reports - supplemental (monthly)</b>	HCA VENDOR	On or before the 28 <sup>th</sup> day of the following month	■	■
<b>Key utilization summary report<sup>1</sup> – supplemental (monthly)</b>	HCA VENDOR	On or before the 30 <sup>th</sup> day of the following month	■	■
<b>High cost drug utilization reports (monthly)</b>	HCA VENDOR	On or before the 25 <sup>th</sup> day of the following month	■	■
<b>Wellness Program participation (quarterly)</b>	HCA VENDOR	On or before the 25 <sup>th</sup> day of the month following the close of the calendar year quarter	■	■
<b>Health assessment (annually)</b>	HCA VENDOR	March 30 <sup>th</sup> of each year	■	■
<b>TOTAL Maximum Annual Amount</b>				■

**Table II – ACP Delivered Reports: Description of Data/Reports, Due Date, and Deficit Share Reduction**

Description of Data/Report	Supplier	Due Date	Deficit Share Reduction	Maximum Annual Deficit Share Reduction
Monthly Provider Roster specs	ACP	Last day of the month	■	■
Monthly Billing TIN report	ACP	Last day of the month	■	■

<sup>1</sup> Note that urgent and acute care visits outside the Contractor will be provided in the monthly medical claims data extract.

### **3. Due Dates and Late Reports**

Unless otherwise agreed upon by the parties in writing, (a) all due dates will be based on Pacific Time; and (b) reports that are due on a federal holiday or weekend will be provided the following regular Business Day. Notwithstanding anything to the contrary in the Contract, reports provided to Contractor or Plan Supplier under this Exhibit will be deemed delivered on the date such reports are, as applicable, posted by or electronically sent to Contractor or HCA Plan Supplier/Vendor.

## **Exhibit 2.3 Data Elements**

### **1. General Specifications**

HCA will provide Contractor with the format for the reports and data extracts, subject to the constraints of the providing parties' operational requirements, administrative policy requirements, and information technology systems (including, with respect to HCA, any restraints required by HCA's Privacy Office). Some ACP Program Providers and/or financial information may need to be aggregated or otherwise blinded to protect the confidentiality of provider-payer contractual rates. Within forty-five (45) calendar days of receipt of validated provider roster specifications from Contractor, HCA or a designated third party, will provide Contractor's ACP Data Intermediary with a one-time historical data feed reflecting claims incurred for Members attributable to the ACP, using the attribution model agreed to in this Contract, for Plan Years 2012, 2013, and 2014 (with claims run-out for Plan Year 2014 through March 31, 2015).

### **2. Claims Data Extract – Medical and Behavioral Health & Pharmacy**

On an ongoing basis, Contractor's Data Intermediary will receive a monthly claims extract that contains service level detail for claims paid for ACP Members in the month just ended. The Member eligibility file will include a Member Identification that allows the user to link eligibility with medical, pharmacy and behavioral health claims. In addition, the eligibility file will contain the following fields at a minimum; enrollment segment start and end dates, subscriber identification, dependent type (employee, spouse or dependent), date of birth, gender, and benefit package identifier (which captures plan/option selected and coverage).

The medical and behavioral health extracts will contain the following, based on the availability of the data elements as supplied by the various claims administrators: service level detail, including CPT, ICD-9 or ICD-10, DRG and other appropriate codes, date(s) of service, place of service, rendering provider National Provider Identifier (NPI) and Tax Identification Number (TIN), as well as financial detail including allowed and paid amounts. The pharmacy extract will contain the following, based on the availability of the data elements as supplied by the applicable TPA: service level detail, including date(s) of service, national drug code, drug name, days' supply, metric units, generic/brand indicator, retail/mail order indicator, specialty claim indicator as well as financial detail including allowed, paid, and average wholesale price (AWP) amounts.

Monthly claims files will reflect all Designated Members and all ACP Members who have appeared on any attribution report for that month.

### **3. Daily Authorization Report**

The daily authorization report will contain Member level detail for ACP Members with recent preauthorizations, including hospital admissions.

### **4. Designated ACP Member List**

The Designated ACP Member list will contain the name of ACP Members who have elected to enroll in the ACP.

## **5. Attribution Reports**

Tentative and Definitive Attribution reports will be provided as outlined in Exhibit 3.5.

## **6. High Cost Claimant Reports – Supplemental**

The high cost claimant report will include a list of ACP Members with Allowed Amount claims greater than [REDACTED] (>\$ [REDACTED] or another level mutually agreeable to the parties. The report will include a description of services including diagnosis and procedure codes, dates and places of service, and Allowed Amounts and paid amounts.

## **7. Key Utilization Summary Report – Supplemental**

The utilization summary report will contain as applicable, key utilization rates per thousand and Per Member Per Month allowed and paid amounts summarized by inpatient services, outpatient services, professional services, and additional key service lines.

## **8. High Cost Drug Utilization Reports**

The high cost drug utilization report will include a list of high cost drugs based on Allowed Amounts exceeding [REDACTED] ) or another level mutually agreeable to the parties.

## **9. Wellness Program Participation**

The Wellness Program participation report will include all ACP Members' rates of participation in PEBB's Wellness Program.

## Exhibit 2.4 HCA Reports – Data Confidentiality Restrictions

The parties acknowledge that the restrictions set forth below are required as a result of contractual provision in HCA agreements with its Plan Suppliers, and the provisions of applicable laws. These restrictions will apply to the reports and data provided by or on behalf of HCA pursuant to the Contract and Exhibit 2.2. As required by state and federal law, these restrictions may require blinding of provider names, certain diagnostic and treatment codes, Allowed Amounts, or a combination of these fields, or the amalgamation of data so that Specific Pricing Information is not identifiable or derivable.

- A. Data Intermediary may provide data including Allowed Amounts to ACP or an ACP Partner Provider where:
  - i. The Plan Supplier (e.g. the TPA of UMP) has a contract for delivery of Covered Services with the recipient ACP or ACP Partner Provider (.e.g. a Preferred Provider Agreement);
  - ii. The data provided derives from the provision of Covered Services pursuant to such contract. Data provided will be specific to the ACP Provider and also specific to that provider's services to ACP Members.
- B. Data Intermediary may provide Allowed Amounts pertaining to an ACP Partner Provider or ACP Affiliate Provider to ACP in an unblinded fashion where:
  - i. The Plan Supplier (e.g. the TPA of UMP) has a contract for delivery of Covered Services with the ACP Partner Provider or ACP Affiliate Provider (.e.g., a Preferred Provider Agreement).
  - ii. The ACP Partner Provider or ACP Affiliate Provider is under common ownership or control with ACP;
  - iii. The data provided to ACP is data related to the specific contract between the Plan Supplier and the ACP Partner Provider or ACP Affiliate Provider;
  - iv. The ACP has informed the Plan Supplier in writing that the ACP Partner Provider or ACP Affiliate Provider in question is under common ownership or control with ACP and mutually agreed upon by the Plan Supplier;
- C. Data Intermediary may provide aggregated blinded data pertaining to Contractor, Partner Providers, or Affiliate Providers to fulfill the purposes of this Contract, provided Specific Pricing Information is not identifiable or derivable.
- D. In all reports provided by the Data Intermediary to ACP or a Partner Provider:
  - i. The recipient must have a need to know arising in connection with performance of its obligations as a Partner Provider;
  - ii. Data provided pertaining to provider reimbursements, discounts and provider identifiers will not have been reverse engineered for the purpose of ascertaining specific payor discounts applicable to the Partner Providers.



## **EXHIBIT 3 SERIES – FINANCE**

Exhibit 3.1 – Reduction of Net Deficit

Exhibit 3.2 – Form Notice of Late Report

Exhibit 3.3 – Financial Terms

Exhibit 3.4 – Examples of Calculations for Net Savings and Deficits

Exhibit 3.5 – Attribution

Exhibit 3.6 – Financial Reconciliation Summary Form

**Exhibit 3.1 Reduction of Net Deficit**

1. If a Plan Supplier does not deliver a report by the corresponding due date set forth in Table I of Exhibit 2.2, HCA will reduce the Net Deficit (if any) owed for the Performance Year to which the report pertains by the Contractor to HCA according to the following formula, which will be calculated separately for each Cohort:

$$\text{Net Deficit Reduction per Report Percentage} \times \text{Apportionment Percentage}$$

For purposes of this Section only, (a) "Net Deficit Reduction per Report Percentage" means, with respect to any report set forth in Table I of Exhibit 2.2, the corresponding amount in the "Net Deficit Reduction per Report" column; and (b) "Apportionment Percentage" means, with respect to any report set forth in Table I of Exhibit 2.2, the percentage set forth in the column applicable to the number of Business Days the report is late in Table I of this Exhibit.

2. *Illustration:* For example purposes only, if a bi-weekly pharmacy data extracts report for the Designated Cohort were delivered to Contractor 22 Business Days after the due date, the applicable calculation would be: [redacted] (from Table I in Exhibit 2.2) x [redacted] (from Table I in Exhibit 3.1) = [redacted]. If the total Net Deficit for the Designated Cohort were \$10,000,000, then (subject to the conditions set forth in this Exhibit), the Net Deficit would be reduced by \$ [redacted].
3. These amounts will be calculated separately for each late report for the Designated Cohort. The total amount by which HCA will reduce the Net Deficit for a Performance Year will be applied at the time of the Financial Reconciliation for that Performance Year;
4. The data periods for each report shall include data and/or run out through the most recent month prior to the report due date, except for months when Tentative Attribution report is delivered where there will be an additional one month lag. The data must be complete and accurate for all the data elements set forth in Exhibit 2.3.

**Table I – Apportionment of Net Deficit Reduction for Late Delivery**

Data/Report	Business Days Late							
	1-2	3-4	5-7	8-14	15-29	30-59	60-89	90 or
Claims data extract – medical (including behavioral health)	[redacted]							
Claims data extract – pharmacy								
Inpatient admissions								
Designated ACP Member list								
Tentative Attribution								

5. Additional Terms: Any reduction of the Net Deficit pursuant to this Exhibit will be subject to the following terms and conditions:

- (a) There will be no reduction in the Net Deficit for any report that is delivered fewer than seven (7) Business Days following its due date if the applicable Plan Supplier delivers the report on or before its due date during next two reporting periods.
- (b) The maximum amount by which the Net Deficit will be reduced for all reports within a report category during any Performance Year is specified in the "Maximum Annual Net Deficit Reduction" in Table I of Exhibit 2.2. Except as provided in Section 4 of this Exhibit, the maximum amount by which the Net Deficit will be reduced for all reports in any Performance Year is [REDACTED] for each Cohort.
- (c) For each late report, Contractor must follow the procedure set forth in this Section 5(c) of this Exhibit.
  - i) First, at the end of the day on the date the report is due, Contractor must send HCA an initial notice of late report using the form set forth in Exhibit 3.2.
  - ii) Second, on the day on which ACP receives the late report, Contractor must send HCA a notice of receipt of late report using the form set forth in Exhibit 3.2.
  - iii) If Contractor does not receive a report within seven (7) days for an inpatient admission report or within ninety (90) days for all other reports, then Contractor must send HCA a notice of non-receipt using the form set forth in Exhibit 3.2.
- (d) If Contractor does not follow the notification process set forth in Section 5(c) above, Contractor will be deemed to have waived, and HCA will be under no obligation to provide, any reduction in the Net Deficit for that particular report.
- (e) The parties will reasonably cooperate with each other to ensure the timely delivery of each report and the expeditious delivery of any late report.
- (f) If a Plan Supplier is late delivering a report more than three (3) times during a Performance Year, the parties will revisit the scope of the reporting obligation and the due date.

**Exhibit 3.2 Form Notice of Late Report**

Complete the following for each late report, as described in Exhibit 3.1 of the Accountable Care Services Agreement. Upon completion, please email this form to HCA's Contract Manager.

Contractor Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Select one:  Initial notice of late report  Notice of receipt of late report  
 Notice of non-receipt of report

Name/type of report: \_\_\_\_\_

Name of Plan Supplier for report: \_\_\_\_\_

Method of delivery:  Email  
 Posting (specify website): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Report date due: \_\_\_\_\_

Date delivered: \_\_\_\_\_  Not yet delivered

Number of days late: \_\_\_\_\_  Not yet delivered

Is there a reduction of Net Deficit associated with the late report?  No  Yes

If yes, has this report been late in either of the two previous reporting cycles?  No  Yes

If yes, specify the following:

Due date of first late report: _____	Due date of second late report: _____
Date report was delivered: _____	Date report was delivered: _____
Date Contractor sent initial notice of late report: _____	Date Contractor sent initial notice of late report: _____
Date Contractor sent notice of receipt of late report: _____	Date Contractor sent notice of receipt of late report: _____

Attach any communications from the Plan Supplier for report, HCA, or any applicable third party regarding the reasons why the report was (or will be) late. (Contractor may update this form as such communications are received.)

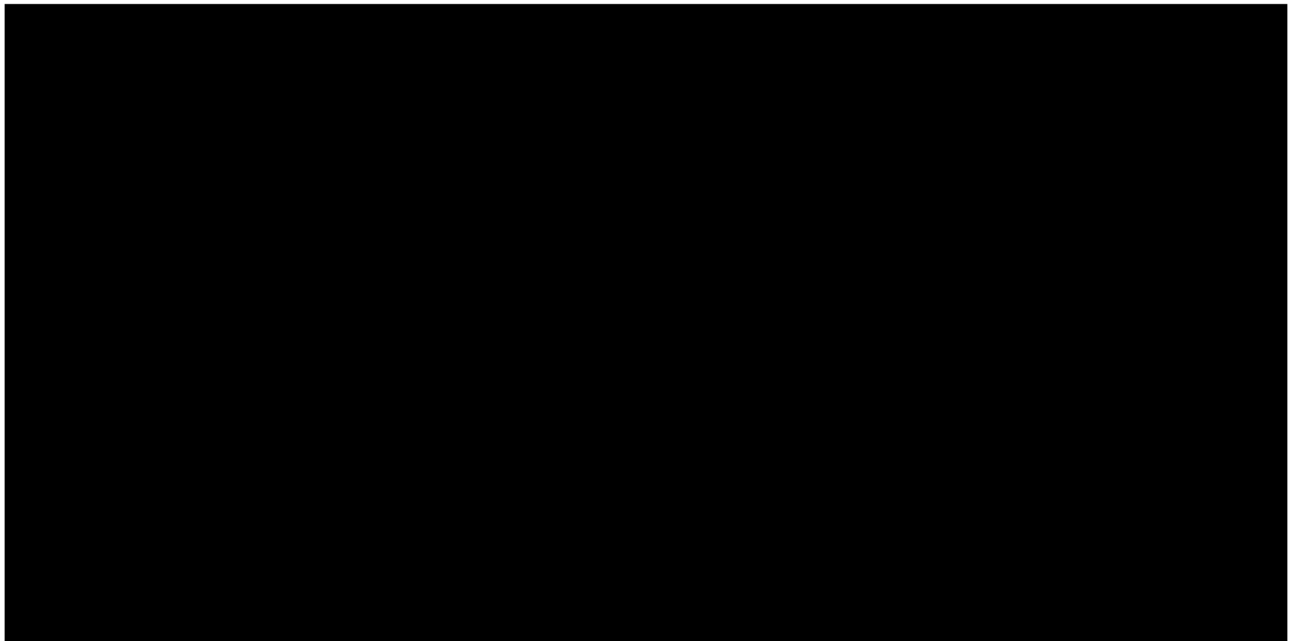
## Exhibit 3.3 Financial Terms

### 1. General

#### 1.1. Accounting of Allowed Amounts and Considered Amounts

After the close of each Performance Year, HCA shall perform a complete accounting of the aggregate Allowed Amounts for the Designated Cohort for a Performance Year by comparing the Aggregate Considered Amounts to the Aggregate Target Cost to determine if there is either Gross Savings or a Gross Deficit and to calculate the resulting Net Savings or Net Deficit. The Financial Reconciliation shall be calculated on a PMPM basis using claims incurred during the Performance Year with a three (3) month claims run out period during the following Plan Year without adjustment for claims incurred but not paid. With the exception for the accounting and calculation of Gross Deficits, the same process will be followed for the Attributed Cohort.

Considered Amounts will be adjusted for individual Members with Allowed Amounts over [REDACTED] in a Plan Year. Allowed Amounts in excess of \$ [REDACTED] will have [REDACTED] excluded from Financial Reconciliation and [REDACTED] included in the Financial Reconciliation as a Considered Amount up to \$ [REDACTED] in total Allowed Amounts. All Allowed Amounts in excess of \$ [REDACTED] will be excluded from the Financial Reconciliation. Considered Amounts will also exclude from Financial Reconciliation Allowed Amounts pertaining to episodes of care for the following procedure codes for [REDACTED] costs that are not performed at either a Partner Provider or an Affiliate Provider:



If for some reason the procedure codes representing [REDACTED] [REDACTED] are modified over the course of the Contract, the parties will meet and HCA will determine whether to use the aforementioned list or substitute a new or modified procedure code list for [REDACTED] services. The intent of this procedure codelist is to capture those services which are performed at Centers of Excellence.

It should be noted that by definition Members excludes all those identified with end-stage renal disease. Considered Amounts do not include Allowed Amounts for beneficiaries when UMP is the secondary payor.

## **1.2. Assignment of Plan Year Allowed Amounts**

For Covered Services spanning more than one (1) day, the Allowed Amounts will be assigned to a Plan Year based on the day of admission, or first day of service.

## **2. Financial Reconciliation**

### **2.1. Pre-Launch**

The parties will use best efforts to complete their respective obligations to provide the data elements (including collection and reporting of complete Quality Measures pursuant to Exhibit 5) required to complete a test Financial Reconciliation for 2015. No party will have any financial obligations to the other party based on the results of this test Financial Reconciliation for 2015.

### **2.2. Determining Adjusted Base Cost PMPM.**

For each Performance Year, the Unadjusted Base Cost PMPM will be calculated separately for each Cohort. In order to account for changes in the risk status of ACP Members from the Base Year to the Performance Year, the Unadjusted Base Cost PMPM will be multiplied by the ratio of the Performance Year Risk Score to the Base Year Risk Score to calculate the Adjusted Base Cost PMPM. In the calculation of Risk Scores the diagnosis codes associated with all Considered Amounts will be processed through the Risk Model.

### **2.3. Determining Aggregated Target Costs**

The Target Cost PMPM for each Performance Year will be equal to the Adjusted Base Cost PMPM, multiplied by Benchmark Trend Rates and Annual Trend Guarantee Rates from the Base Year to the Performance Year. The adjustments will apply separately to the Attributed and Designated Cohorts. Illustrative values for components of the Benchmark trends are displayed below in Table 2.3(a) with the final values being calculated during the Financial Reconciliation process. The Aggregate Target Costs are calculated on a multiplicative basis for the values determined in each Performance Year as the Target Cost PMPM multiplied by the Performance Year Member Months.

The Benchmark Trend Rates will consider two components:

- (a)** Benchmark PEBB Trend Rates will be the risk adjusted Performance Year Considered Amount PMPM for all Members who are not Designated ACP Members (across all ACP systems) during the Performance Year divided by the risk adjusted Base Year Cost PMPM for all Base Year Members who are not Designated ACP Members (across all ACP systems) during the Performance Year. This will be the sole component of the Benchmark Trend Rates until the Designated enrollment (across all ACP systems) exceeds █████ of all Members.
- (b)** Benchmark S&P Trend Rates will be averaged with the Benchmark PEBB Trend Rates for all prior years once the Designated enrollment exceeds █████ of the total population.

**Table 2.3(a)**

ILLUSTRATION of Benchmark Trend Rates			
	Designated Cohort Percentage	Hypothetical Benchmark PEBB Trend Rates	Hypothetical S&P Trend Rates
2015	0%	n/a	n/a
2016			
2017			
2018			
2019			

In addition to the application of Benchmark Trend Rates, the Annual Trend Guarantee Rates from the Base Year to the Performance Year will be applied to the Aggregate Adjusted Base Cost. Continuing the Hypothetical Illustration above, the 2018 Aggregate Target Cost will be equal to the Aggregate Adjusted Base Cost multiplied by [redacted] \* [redacted] \* [redacted] \* [redacted] which equals [redacted]. For 2019 the Aggregate Adjusted Base Cost will be equal to the Aggregate Adjusted Base Cost multiplied by [redacted] which equals [redacted].

**Table 2.3(b)**

Contractor Annual Trend Guarantee Rates		
	Designated Cohort	Attributed Cohort
	Adj Base Cost PMPM	Adj Base Cost PMPM
2015		
2016		
2017		
2018		
2019		

**3. Net Savings and Net Deficits**

Contractor shall be eligible to share in up to [redacted] of Gross Savings with HCA and the Contractor shall be responsible for up to [redacted] of Gross Deficits as set forth as follows:

**3.1. Calculation of Net Savings and Net Deficits**

Contractor shall be eligible to share savings with HCA if the Aggregate Considered Amount is less than the Aggregate Target Cost during the Performance Year, resulting in Gross Savings. Alternatively, for the Designated Cohort, the Contractor will be financially responsible for some or all of the resulting Gross Deficit if the Aggregate Considered Amount exceed the Aggregate Target Cost during the Performance Year. The quality improvement model in Exhibit 5 will calculate the Savings Share and Deficit Share. Net Savings are calculated by multiplying the Gross Savings by the Savings Share. Net Deficits are calculated by multiplying the Gross Deficit by the Deficit Share.

### **3.2. Separate Calculations for Each Cohort**

The Gross Savings for each Performance Year shall be calculated for the Designated Cohort and a separate calculation of Gross Savings will be made for the Attributed Cohort. The Gross Deficit shall be calculated for the Designated Cohort only. Examples of calculations are within Exhibit 3.4. The overall Quality Improvement Score will be the same for all Cohorts. Examples of the Quality Improvement Score are within Exhibit 5.

### **3.3. Calculation and Payment of Net Savings and Net Deficits**

Net Savings or Net Deficits obligations of the Parties will be paid in accordance with the provisions of Sections 2.7, 2.8, and 2.9 of this Contract.



### Exhibit 3.4 Examples of Calculations for Net Savings and Deficits

This Exhibit is comprised of the following sample calculations using hypothetical benchmark trends:

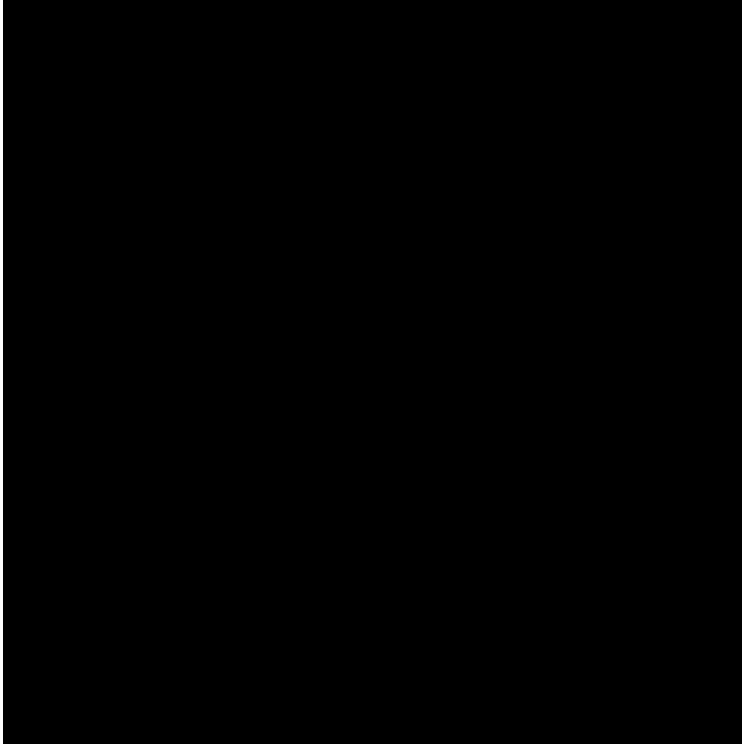
- Table 3.4(a) Financial Reconciliation Illustration – Designated Cohort
- Table 3.4(b), Financial Reconciliation Illustration – Attributed Cohort

**Table 3.4(a)  
Illustration of Designated Financial Reconciliation**

	Formula	2016	2017	2018	2019
Unadjusted Base Cost PMPM	A				
Base Year Risk Score	B				
Performance Year Risk Score	C				
Ratio of Performance to Base Year Risk Score	$D = C/B$				
Adjusted Base Cost PMPM	$E = A \times D$				
Benchmark Trend Rates (Cumulative)	F1				
Annual Trend Guarantee Rates (Cumulative)	G				
Benchmark and Trend Guarantee Rates (Cumulative)	$H = F \times G$				
Target Cost PMPM	$I = E \times H$				
Considered Amounts PMPM	J				
Gross Savings/(Gross Deficit) PMPM	$K = I - J$				
Savings Share	L				
Net Savings PMPM	M = if $K > 0$ then $K \times L$ , otherwise 0				
Deficit Share	N				
Gross Deficit PMPM	M = if $K < 0$ then $K \times N$ , otherwise 0				

**Table 3.4(b)  
Illustration of Attributed Financial Reconciliation**

	<b>Formula</b>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Unadjusted Base Cost PMPM	<b>A</b>				
Base Year Risk Score	<b>B</b>				
Performance Year Risk Score	<b>C</b>				
Ratio of Performance to Base Year Risk Score	<b>D = C/B</b>				
Adjusted Base Cost PMPM	<b>E = A x D</b>				
Benchmark Trend Rates (Cumulative)	<b>F1</b>				
Annual Trend Guarantee Rates (Cumulative)	<b>G</b>				
Benchmark and Trend Guarantee Rates (Cumulative)	<b>H = F x G</b>				
Target Cost PMPM	<b>I = E x H</b>				
Considered Amounts PMPM	<b>J</b>				
Gross Savings PMPM	<b>K = I - J</b>				
Savings Share	<b>L</b>				
Net Savings PMPM	<b>M = K x L</b>				



## Exhibit 3.5 Attribution

The Tentative Attribution process described in this Exhibit will be performed each month and the Definitive Attribution process will be run with three (3) months of run out for Financial Reconciliation using the model below. The Definitive Attribution process described in this Exhibit will be performed annually as part of the Performance Year Financial Reconciliation set forth in Exhibit 3.3, starting with the 2016 Plan Year. The Tentative and Definitive Attribution criteria will be as follows:

- A. Members are Attributed at the ACP level, based on aggregating utilization across all TINs that are part of the ACP.
- B. Member must have a minimum of two (2) Qualifying Visits with an ACP within a twenty-four (24) month time frame to be Attributed.
- C. Members are attributed to the ACP using the following hierarchy:
  - 1. Highest number of Qualifying Visits
  - 2. If a tie for highest number of Qualifying Visits, highest total RVUs for Qualifying Visits
  - 3. If a tie for Qualifying Visits and RVUs, most recent date of service
- D. Members will be Attributed to the ACP with which they have the majority of Qualifying Visits to Primary Care Specialists listed in Table I (using the tiebreaker methodology noted above).
- E. If a Member cannot be Attributed based on Qualifying Visits to Primary Care Specialists, than the Member will be Attributed based on Qualifying Visits to both Primary Care Specialists listed in Table I and Chronic Care Specialists listed in Table II.
- F. Members who are designated to an ACP cannot be attributed to another ACP.

The attribution criteria above will apply each Plan Year for the duration of the Contract and any changes to the attribution criteria must be mutually agreed to by the parties by a written amendment to this Contract.

**Table I: Primary Care Specialties**

---

General practice  
Family practice  
Internal medicine  
Obstetrics/gynecology  
Pediatric medicine  
Geriatric medicine

---

---

Nurse practitioner  
 Preventive medicine  
 Certified clinical nurse specialist  
 Physician assistant  
 Nurse, Non Practitioner

---

**Table II: Chronic Care Specialties**



**Table III: Allowed E&M Codes**

<b>Procedure Codes</b>	<b>Description</b>
98966 - 98968	Hc pro phone call
98969	Online service by hc pro
99201 - 99205	Office/outpatient visit, new
99211 - 99215	Office/outpatient visit, est
99354 & 99355	Prolonged service, office
99358 & 99359	Prolonged service, w/o contact
99381, 99382 & 99387	Init pm e/m, new pat
99383-99386	Prev visit, new
99391 & 99397	Per pm reeval, est pat
99392-99396	Prev visit, est
99401 - 99404	Preventive counseling, indiv
99411 & 99412	Preventive counseling, group
99420	Health risk assessment test
99429	Unlisted preventive service
99441 - 99443	Phone e/m by phys
99444	Online e/m by phys
99499	Unlisted E&M service
G0344 & G0402	Initial preventive exam
S0610, S0612 & S0613	Annual gynecological exam
S0280	Medical home, initial plan
S0281	Medical home, maintenance

**Exhibit 3.6 Financial Reconciliation Summary Form**

**Contractor/Vendor Name:** \_\_\_\_\_

**Contract No:** \_\_\_\_\_

**Performance Period:** \_\_\_\_\_ **to** \_\_\_\_\_

**Number of Quality Measures Above Named Contractor Achieved during Performance Period:** \_\_\_\_\_

**Select One:**

Contractor:

May Receive from HCA \$ \_\_\_\_\_

Owes HCA \$ \_\_\_\_\_

**Washington State Health Care Authority  
Contract Manager Signature:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Telephone No:

---

---

Contractor hereby agrees to the accuracy of this Financial Reconciliation Summary and the underlying full Financial Reconciliation.

**Contractor Authorized Agent Signature:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Telephone No:

## **EXHIBIT 4 SERIES – NETWORK PARAMETERS**

Exhibit 4.1 – ACP Partner Providers List

Exhibit 4.2 – ACP Partner Provider Agreements, Material Terms

Exhibit 4.3 – ACP Affiliate Provider Agreements, Material Terms

## **Exhibit 4.1      ACP Partner Providers List**

The following are Partner Providers of the Contractor's ACP:

- Edmonds Family Medicine
- EvergreenHealth Partners
- EvergreenHealth
- MultiCare Connected Care
- Overlake
- Seattle Children's Hospital
- VMMC

## **Exhibit 4.2      ACP Partner Provider Agreements, Material Terms**

The Partner Provider Agreement is an agreement between the Contractor and each ACP Partner Provider that contains the terms necessary for the Partner Provider to participate in the ACP as contemplated by this Contract. The Partner Provider Agreements must contain, at a minimum, the following terms and obligations:

1. Partner Provider will permit HCA to review the terms of the Partner Provider Agreement in their entirety and receive and retain copies if requested by HCA.
2. The Partner Provider may not take action to terminate the Partner Provider Agreement unless Partner Provider complies with the applicable requirements contained in Section 2.3(l) of this Contract.
3. Partner Provider will inform any physicians and other health care professionals who perform or who may provide Covered Services to ACP Members of the existence of this Contract and of any provisions herein that are applicable to them.
4. Partner Provider will comply with all applicable laws at all times.
5. Partner Provider, and, if applicable, its Subcontractors, will execute a Data Security Agreement with terms substantially similar to those agreed to by Contractor in Exhibit 7 of this Contract, specifically those terms related to compliance with all federal and state data laws, permitted uses of data, security and storage of data, retention of data, and the destruction of data, and any other provisions that HCA, TPA of UMP, and other Plan Suppliers may reasonably require to safeguard HCA's data and comply with applicable laws.
6. Partner Provider and, if applicable, its Subcontractors and their respective service providers and agents, will maintain the confidentiality of HCA's Confidential Information consistent with the terms set forth in Section 3.8 (Confidential Information Protection) of this Contract.
7. Partner Provider will indemnify Contractor and HCA for data security breaches by Partner Provider and its data security Subcontractors.
8. During the terms and following termination of the Partner Provider Agreement, Partner Provider will retain and submit any information and data that HCA, TPA of UMP or other Plan Suppliers (or their respective agents) may reasonably request, including data for the Contractor's reporting and other obligations, if any, including (i) actual or suspected fraud, waste and abuse or noncompliance with laws or (ii) responses to governmental and state agencies and authorities or accreditation agency requests for information and/or surveys.
9. Partner Provider will submit data necessary for Contractor to comply with its obligations to provide HCA with reports in accordance with the Contract and will permit HCA or its designee to audit the books and records supporting Contractor's reporting obligations under this Contract.



10. Partner Provider will comply with the HIPAA laws and the terms of a business associate agreement between Contractor and the Partner Provider in the form set forth as Exhibit 8 to this Contract. Partner Providers will agree to indemnify Contractor and HCA for breaches of Protected Health Information by Partner Provider and, if applicable, its Subcontractors and their respective service providers and agents.
11. Partner Provider will grant HCA and Contractor the right to refer to the Partner Provider as a provider in the ACP and to include the Partner Provider's name, contact information, specialty, and other relevant information in the ACP Program Provider directory and other communications and publications.
12. Partner Provider will comply with the processes and terms for exceptions for Covered Services not performed by ACP Program Providers set forth in Section 2.4 of this Contract.
13. Partner Provider will refer ACP Members to other Plan Suppliers when, according to medical judgment of the Partner Provider, the services of such Plan Suppliers would improve the health and wellbeing of ACP Members.
14. Partner Provider will agree that no rights or licenses are granted or conveyed to Partner Provider, whether by implication, estoppel, statute, or otherwise, under any of HCA's patents, copyrights, moral rights, trademarks, trade secrets, and any other form of intellectual property rights recognized in any jurisdiction, including applications and registrations for any of the foregoing.
15. The Partner Provider Agreement will include the following representations, warranties, and covenants:
  - a. Partner Provider is a current contracted provider in the TPA of UMP's network pursuant to a Preferred Provider Agreement and meets all credentialing requirements of the TPA of UMP, as required by Section 2.3(H)) of this Contract.
  - b. Partner Provider is not and will not be excluded in any manner from participating in all federally funded health care programs, nor is Partner Provider controlled by any person or entity that is excluded.
  - c. All Covered Services will be rendered (i) by qualified and competent professionals who possess the skills as required to provide health care services in the manner contemplated by this Contract, with the degree of skill and care that is required by current good and sound professional procedures and practices in accordance with industry standards, (ii) in the same or better manner as this Contractor Provider treats other patients and in accordance with and subject to applicable Law; (iii) in accordance with accepted professional and ethical standards of medical practice; and (iv) in a manner that does not negatively discriminate against ACP Members vis-à-vis other patients served by the Partner Provider.
16. A Partner Provider will notify Contractor of any event that will or may cause the Partner Provider to withdraw or be terminated from the ACP as soon as possible, including but not limited to any disbarment or acquisition of Partner Provider.

17. A Partner Provider will immediately notify HCA and the Contractor of any change in the Partner Provider's ownership, control, or legal status. If the Partner Provider is involved in a change of ownership, change of control, or merger after the Effective Date of this Contract, the Partner Provider does not have an automatic right to continue as a Partner Provider after any such event. A Partner Provider Agreement must include (i) a prohibition against the Partner Provider voluntarily terminating participation in or otherwise withdrawing from the ACP without HCA's advance written consent and (ii) an acknowledgement that that the Partner Provider will be treated as an ACP Program Provider under this Contract for the Plan Year in which withdrawal or termination occurs, or, in some cases, the next Plan Year unless continuation is not possible or is unlawful.
18. Partner Provider will contribute clinical data from a certified Electronic Health Record (EHR) system, if Partner Provider has or establishes a certified EHR system, to the state Health Information Exchange hosted by OneHealthPort, when such clinical data repository is offered.
19. Obligations in this Contract that are required to be incorporated into Subcontractor agreements including provisions within Sections 3.12 (Debarment), 3.20 (Insurance), 3.27 (Right of Inspection), and 3.32 (Subcontracting), Exhibit 7 (Data Security Agreement) and Exhibit 8 (Business Associate Agreement), and any other provision to be incorporated into Subcontractor agreements applicable to the Partner Provider or is otherwise required for Contractor to satisfy its obligations under this Contract.
20. HCA may terminate the Partner Provider Agreement on same terms as set forth under Section 3.35(C).

### **Exhibit 4.3      ACP Affiliate Provider Agreements, Material Terms**

The Affiliate Provider Agreement is an agreement between the Contractor and each ACP Affiliate Provider that contains the terms necessary for the Affiliate Provider to participate in the ACP as contemplated by this Contract. The Affiliate Provider Agreements must contain, at a minimum, the following terms and obligations:

1. Affiliate Provider will permit HCA to review the terms of the Affiliate Provider Agreement in their entirety and receive and retain copies if requested by HCA.
2. Affiliate Provider is a current contracted provider in the TPA of UMP network pursuant to a Preferred Provider Agreement and meets all credentialing requirement of the TPA of UMP, as required by Section 2.3(H) of this Contract.
3. Affiliate Provider's consent to being listed in the Members' provider directory as an ACP Program Provider, confirming that the provider is an Affiliate Provider.
4. If Contractor will share with the Affiliate Provider any data owned by HCA pursuant to Section 3.25(A), or HCA's Confidential Information, agreement by the Affiliate Provider to comply the terms of (i) the business associate agreement between Contractor and the Affiliate Provider (with will have provisions no less restrictive than those applicable to Contractor and required pursuant to Exhibit 8 of this Contract); (ii) confidentiality obligations that are no less restrictive than those applicable to Contractor pursuant to Section 3.8 of this Contract; and (iii) indemnify Contractor and HCA for data security breaches by Affiliate Provider.
5. Affiliate Provider, and, if applicable, its Subcontractors, will execute a Data Security Agreement with terms substantially similar to those agreed to by Contractor in Exhibit 7 of this Contract, specifically those terms related to compliance with all federal and state data laws, permitted uses of data, security and storage of data, retention of data, and the destruction of data, and any other provisions that HCA and other Plan Suppliers may reasonably require to safeguard HCA's data and comply with applicable laws.
6. The Affiliate Provider cannot terminate the provider agreement unless Affiliate Provider complies with the applicable notice requirements contained in Section 2.3(L) of this Contract.
7. A representation and warranty that the required Affiliate Provider is competent to perform and render all services and employees practitioners who are competent to perform and render all services.
8. Affiliate Provider will contribute clinical data from a certified Electronic Health Record (EHR) system, if Affiliate Provider has or establishes a certified EHR system, to the state Health Information Exchange hosted by OneHealthPort, when such clinical data repository is offered.

**EXHIBIT 5      QUALITY ACHIEVEMENT MEASUREMENT PROGRAM**

**1. Goal of Quality Achievement Measurement Program**

The goal of the HCA Quality Achievement Measurement Program is to reward improvement and achievement of higher quality with financial incentives, and to discourage deterioration with financial disincentives. The Contractor will be eligible to share up to [redacted] of the savings or is responsible for up to [redacted] of the deficit (and may reduce the deficit by up to [redacted] by improving quality as described in this Exhibit), the Maximum Savings Share Percentage or Deficit Share percentage.

**2. Calculation of Percentage of Net Savings or Deficit**

2.1. Each Quality Measure will be calculated for the Performance Year  $V_i(y)$  and for the year prior to the Performance Year  $V_i(y-1)$ . The Measure Quality Improvement Score  $QIS(i)$  will be calculated as specified below in Section 5.2.

2.2. If the value for one or more measures in  $y-1$  is missing or not available, the HCA CMO will determine the values to be used in place of the missing values using publicly available sources including the Washington Health Alliance. If the value for one or more measures in  $y$  is missing or not available, the HCA CMO will either determine an alternative measure, or decide to exclude that measure from the calculation.

**3. Overall Quality Improvement Score Calculation**

3.1. Table I below lists the Weights  $w(i)$  and Target  $T(i)$  and Mean  $u(i)$  values used to calculate the overall Quality Improvement Score  $QIS$  used for the calculation of the Savings Share for Net Savings payable to the ACP or the Deficit Share for Net Deficit due from the ACP pursuant to Exhibit 3.1.

**Table I.**

Quality Measure	Quality Measure Description	Weight	Target	Mean
NQF 0059	1-Diabetes patients with A1C>9.0%	[redacted]	[redacted]	[redacted]
NQF 0061	Diabetes patients with BP>140/90			
NQF 0055	Diabetes patients with eye exam			
NQF 0018	HTN patients with BP>140/90			
American College of Cardiology/AHA guidelines	CAD Statin prescribed			
NQF 0541	CAD Statin adherence			
NQF 0105	Depression Medication Management (12 Weeks)			
NQF 0105	Depression Medication Management (6 Months)			

Quality Measure	Quality Measure Description	Weight	Target	Mean
NQF 0005	Member satisfaction with Timely Care (always)			
NQF 0005	Member satisfaction with Provider Communication (always)			
NQF 0005	Member satisfaction with Office Staff (always)			
NQF 0005	Member satisfaction with Overall Provider Rating (9/10)			
HEDIS/NCQA NQF 0038	Adult BMI Measurement			
NQF 0032	Immunization (child - Combo 10)			
NQF 0033	Cervical Cancer Screening			
NQF 2372	Chlamydia Screening			
NQF 0034	Breast Cancer Screening			
NQF 0471	Colorectal Cancer Screening			
	1-NTSV C-Section			

3.2. The Measure Quality Improvement Score,  $QIS(i)$ , for measure  $i$ , will be calculated as  $QS(i) \cdot z(i) + IS(i) \cdot (1-z(i))$  where:

$QS(i)$  is the Quality Score for measure  $i$

$IS(i)$  is the Improvement Score for measure  $i$

$z(i)$  = quality/improvement split for measure  $i$  = 0.25 until the Performance Year measure is greater than the Mean, once the Performance Year measure is greater than the Mean, and less than the Target and the Target is not equal to the Mean, the split will become dynamic, and equal to 0.25 plus 0.75 times the ratio of the Performance Year measure less the Mean to the Target less the Mean until Performance Year measure is equal to or greater than the Target where the split is again static and equal to 1.0 or entirely weighted to the  $QS(i)$  for the measure.

3.3. The Mean and Target values noted as  $u(i)$  and  $T(i)$  respectively for measure  $i$  in Table I. The ACP will report for each measure the Performance Year value,  $V_i(y)$ , and the prior year value  $V_i(y-1)$ .

3.4. The Quality Score  $QS(i)$  is a single table calculation using lookup values from Appendix 5 Table II based upon the ratio of the Performance Year measure excess over the Mean  $V_i(y) - u(i)$ , relative to the spread between the measure's Target and the Mean  $T(i) - u(i)$ .

If the Performance Year measure is greater than the Mean then  $V_i(y) - u(i)$  is a positive value and  $QS(i)$  is the value in Table II where:

Horizontal axis  $V_i(y) - u(i)$  intersects

Vertical axis  $T(i) - u(i)$ .

If the Performance Year measure is less than the Mean then  $V_i(y) - u(i)$  is a negative value and  $QS(i)$  is zero, no lookup is needed.

- 3.5. The Improvement Score  $IS(i)$  is a table calculation based upon whether a measure shows improvement between the performance and prior years and is based upon the ratio of the Performance Year improvement  $V_i(y) - V_i(y-1)$  relative to the spread between the measure's Target and prior year performance  $T(i) - V_i(y-1)$ .

If the Performance Year shows improvement then  $V_i(y) - V_i(y-1)$  is a positive value and  $IS(i)$  is the value in Table II of Exhibit 5 where:

Horizontal axis  $V_i(y) - V_i(y-1)$  intersects  
Vertical axis  $T(i) - V_i(y-1)$ .

If the Performance Year shows improvement then  $V_i(y) - V_i(y-1)$  is negative value and  $IS(i)$  is the value in Table III of Exhibit 5 where:

Horizontal axis of the absolute value of  $V_i(y) - V_i(y-1)$  intersects the  
Vertical axis of the absolute value of  $T(i) - V_i(y-1)$ .

The  $z(i)$  the weighted  $QS(i)$  and  $IS(i)$  are summed together for each  $QIS(i)$ .

- 3.6. For the purpose of looking up values in Table II or Table III of Exhibit 5, all values are rounded to the nearest percent and where the value to be looked up is between two values on the horizontal or vertical axis, the closest value is used if it's exactly the middle then the next higher value is used. Where no next higher value is available the next lower value is used.
- 3.7. The overall Quality Improvement Score,  $QIS$ , is the weighted sum of all the individual Measure Quality Improvement Scores,  $QIS(i)$ , where the Weight for each measure  $i$ ,  $w(i)$  is specified in Table I.

**Table II.**  
**Positive QS(i) and IS(i) – Score Values for Look**

Horizontal Axis (0.01 – 0.25)

		Horizontal Axis (0.01 – 0.25)																									
		0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19	0.20	0.21	0.22	0.23	0.24	0.25	
Vertical Axis	0.01	1.52	1.93	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	
	0.02	0.92	1.52	1.81	1.93	1.97	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	
	0.03	0.64	1.17	1.52	1.74	1.86	1.93	1.96	1.98	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	
	0.04	0.49	0.92	1.27	1.52	1.70	1.81	1.88	1.93	1.96	1.97	1.98	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	
	0.05	0.39	0.76	1.07	1.33	1.52	1.67	1.77	1.84	1.89	1.93	1.95	1.97	1.98	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	
	0.06	0.33	0.64	0.92	1.17	1.36	1.52	1.65	1.74	1.81	1.86	1.90	1.93	1.95	1.96	1.97	1.98	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	
	0.07	0.28	0.56	0.81	1.03	1.23	1.39	1.52	1.63	1.72	1.78	1.83	1.87	1.90	1.93	1.95	1.96	1.97	1.98	1.98	1.99	1.99	1.99	1.99	1.99	2.00	2.00
	0.08	0.25	0.49	0.72	0.92	1.11	1.27	1.41	1.52	1.62	1.70	1.76	1.81	1.85	1.88	1.91	1.93	1.94	1.96	1.97	1.97	1.98	1.98	1.99	1.99	1.99	1.99
	0.09	0.22	0.44	0.64	0.83	1.01	1.17	1.30	1.42	1.52	1.61	1.68	1.74	1.79	1.83	1.86	1.89	1.91	1.93	1.94	1.95	1.96	1.97	1.98	1.98	1.98	1.98
	0.10	0.20	0.39	0.58	0.76	0.92	1.07	1.21	1.33	1.43	1.52	1.60	1.67	1.72	1.77	1.81	1.84	1.87	1.89	1.91	1.93	1.94	1.95	1.96	1.97	1.97	1.97
	0.11	0.18	0.36	0.53	0.70	0.85	0.99	1.12	1.24	1.35	1.44	1.52	1.59	1.66	1.71	1.75	1.79	1.83	1.85	1.88	1.90	1.91	1.93	1.94	1.95	1.96	1.96
	0.12	0.17	0.33	0.49	0.64	0.79	0.92	1.05	1.17	1.27	1.36	1.45	1.52	1.59	1.65	1.70	1.74	1.78	1.81	1.84	1.86	1.88	1.90	1.92	1.93	1.94	1.94
	0.13	0.15	0.31	0.45	0.60	0.73	0.86	0.98	1.10	1.20	1.29	1.38	1.45	1.52	1.58	1.64	1.69	1.73	1.76	1.80	1.82	1.85	1.87	1.89	1.90	1.92	1.92
	0.14	0.14	0.28	0.42	0.56	0.69	0.81	0.92	1.03	1.13	1.23	1.31	1.39	1.46	1.52	1.58	1.63	1.68	1.72	1.75	1.78	1.81	1.83	1.86	1.87	1.89	1.89
	0.15	0.13	0.27	0.39	0.52	0.64	0.76	0.87	0.98	1.07	1.17	1.25	1.33	1.40	1.46	1.52	1.58	1.62	1.67	1.71	1.74	1.77	1.80	1.82	1.84	1.86	1.86
	0.16	0.12	0.25	0.37	0.49	0.61	0.72	0.82	0.92	1.02	1.11	1.19	1.27	1.34	1.41	1.47	1.52	1.57	1.62	1.66	1.70	1.73	1.76	1.79	1.81	1.83	1.83
	0.17	0.12	0.23	0.35	0.46	0.57	0.68	0.78	0.88	0.97	1.06	1.14	1.22	1.29	1.35	1.42	1.47	1.52	1.57	1.61	1.65	1.69	1.72	1.75	1.78	1.80	1.80
	0.18	0.11	0.22	0.33	0.44	0.54	0.64	0.74	0.83	0.92	1.01	1.09	1.17	1.24	1.30	1.36	1.42	1.47	1.52	1.57	1.61	1.65	1.68	1.71	1.74	1.77	1.77
	0.19	0.11	0.21	0.31	0.41	0.51	0.61	0.71	0.80	0.88	0.97	1.04	1.12	1.19	1.25	1.32	1.37	1.43	1.48	1.52	1.57	1.60	1.64	1.67	1.70	1.73	1.73
	0.20	0.10	0.20	0.30	0.39	0.49	0.58	0.67	0.76	0.84	0.92	1.00	1.07	1.14	1.21	1.27	1.33	1.38	1.43	1.48	1.52	1.56	1.60	1.64	1.67	1.70	1.70
	0.21	0.10	0.19	0.28	0.38	0.47	0.56	0.64	0.73	0.81	0.89	0.96	1.03	1.10	1.17	1.23	1.28	1.34	1.39	1.44	1.48	1.52	1.56	1.60	1.63	1.66	1.66
	0.22	0.09	0.18	0.27	0.36	0.45	0.53	0.62	0.70	0.78	0.85	0.92	0.99	1.06	1.12	1.19	1.24	1.30	1.35	1.40	1.44	1.48	1.52	1.56	1.59	1.63	1.63
	0.23	0.09	0.17	0.26	0.34	0.43	0.51	0.59	0.67	0.74	0.82	0.89	0.96	1.02	1.09	1.15	1.20	1.26	1.31	1.36	1.40	1.45	1.49	1.52	1.56	1.59	1.59
	0.24	0.08	0.17	0.25	0.33	0.41	0.49	0.57	0.64	0.72	0.79	0.86	0.92	0.99	1.05	1.11	1.17	1.22	1.27	1.32	1.36	1.41	1.45	1.49	1.52	1.56	1.56
	0.25	0.08	0.16	0.24	0.32	0.39	0.47	0.55	0.62	0.69	0.76	0.83	0.89	0.96	1.02	1.07	1.13	1.18	1.23	1.28	1.33	1.37	1.41	1.45	1.49	1.52	1.52

Horizontal Axis (0.01 – 0.25)

	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19	0.20	0.21	0.22	0.23	0.24	0.25
0.26	0.08	0.15	0.23	0.31	0.38	0.45	0.53	0.60	0.67	0.73	0.80	0.86	0.92	0.98	1.04	1.10	1.15	1.20	1.25	1.29	1.34	1.38	1.42	1.45	1.49
0.27	0.07	0.15	0.22	0.29	0.37	0.44	0.51	0.58	0.64	0.71	0.77	0.83	0.89	0.95	1.01	1.06	1.12	1.17	1.21	1.26	1.30	1.34	1.38	1.42	1.46
0.28	0.07	0.14	0.21	0.28	0.35	0.42	0.49	0.56	0.62	0.69	0.75	0.81	0.87	0.92	0.98	1.03	1.08	1.13	1.18	1.23	1.27	1.31	1.35	1.39	1.43
0.29	0.07	0.14	0.21	0.27	0.34	0.41	0.47	0.54	0.60	0.66	0.72	0.78	0.84	0.90	0.95	1.00	1.05	1.10	1.15	1.20	1.24	1.28	1.32	1.36	1.39
0.30	0.07	0.13	0.20	0.27	0.33	0.39	0.46	0.52	0.58	0.64	0.70	0.76	0.82	0.87	0.92	0.98	1.03	1.07	1.12	1.17	1.21	1.25	1.29	1.33	1.36
0.31	0.06	0.13	0.19	0.26	0.32	0.38	0.44	0.50	0.56	0.62	0.68	0.74	0.79	0.85	0.90	0.95	1.00	1.05	1.09	1.14	1.18	1.22	1.26	1.30	1.34
0.32	0.06	0.12	0.19	0.25	0.31	0.37	0.43	0.49	0.55	0.61	0.66	0.72	0.77	0.82	0.87	0.92	0.97	1.02	1.07	1.11	1.15	1.19	1.23	1.27	1.31
0.33	0.06	0.12	0.18	0.24	0.30	0.36	0.42	0.48	0.53	0.59	0.64	0.70	0.75	0.80	0.85	0.90	0.95	0.99	1.04	1.08	1.12	1.17	1.20	1.24	1.28
0.34	0.06	0.12	0.18	0.23	0.29	0.35	0.41	0.46	0.52	0.57	0.63	0.68	0.73	0.78	0.83	0.88	0.92	0.97	1.01	1.06	1.10	1.14	1.18	1.22	1.25
0.35	0.06	0.11	0.17	0.23	0.28	0.34	0.39	0.45	0.50	0.56	0.61	0.66	0.71	0.76	0.81	0.86	0.90	0.95	0.99	1.03	1.07	1.11	1.15	1.19	1.23
0.36	0.06	0.11	0.17	0.22	0.28	0.33	0.38	0.44	0.49	0.54	0.59	0.64	0.69	0.74	0.79	0.83	0.88	0.92	0.97	1.01	1.05	1.09	1.13	1.17	1.20
0.37	0.05	0.11	0.16	0.22	0.27	0.32	0.37	0.43	0.48	0.53	0.58	0.63	0.68	0.72	0.77	0.81	0.86	0.90	0.95	0.99	1.03	1.07	1.10	1.14	1.18
0.38	0.05	0.11	0.16	0.21	0.26	0.31	0.36	0.41	0.47	0.51	0.56	0.61	0.66	0.71	0.75	0.80	0.84	0.88	0.92	0.97	1.00	1.04	1.08	1.12	1.15
0.39	0.05	0.10	0.15	0.20	0.26	0.31	0.36	0.40	0.45	0.50	0.55	0.60	0.64	0.69	0.73	0.78	0.82	0.86	0.90	0.94	0.98	1.02	1.06	1.10	1.13
0.40	0.05	0.10	0.15	0.20	0.25	0.30	0.35	0.39	0.44	0.49	0.54	0.58	0.63	0.67	0.72	0.76	0.80	0.84	0.88	0.92	0.96	1.00	1.04	1.07	1.11
0.41	0.05	0.10	0.15	0.19	0.24	0.29	0.34	0.39	0.43	0.48	0.52	0.57	0.61	0.66	0.70	0.74	0.78	0.83	0.87	0.90	0.94	0.98	1.02	1.05	1.09
0.42	0.05	0.10	0.14	0.19	0.24	0.28	0.33	0.38	0.42	0.47	0.51	0.56	0.60	0.64	0.69	0.73	0.77	0.81	0.85	0.89	0.92	0.96	1.00	1.03	1.07
0.43	0.05	0.09	0.14	0.19	0.23	0.28	0.32	0.37	0.41	0.46	0.50	0.54	0.59	0.63	0.67	0.71	0.75	0.79	0.83	0.87	0.91	0.94	0.98	1.01	1.05
0.44	0.05	0.09	0.14	0.18	0.23	0.27	0.32	0.36	0.40	0.45	0.49	0.53	0.57	0.62	0.66	0.70	0.74	0.78	0.81	0.85	0.89	0.92	0.96	0.99	1.03
0.45	0.04	0.09	0.13	0.18	0.22	0.27	0.31	0.35	0.39	0.44	0.48	0.52	0.56	0.60	0.64	0.68	0.72	0.76	0.80	0.83	0.87	0.91	0.94	0.98	1.01
0.46	0.04	0.09	0.13	0.17	0.22	0.26	0.30	0.34	0.39	0.43	0.47	0.51	0.55	0.59	0.63	0.67	0.71	0.74	0.78	0.82	0.85	0.89	0.92	0.96	0.99
0.47	0.04	0.09	0.13	0.17	0.21	0.25	0.30	0.34	0.38	0.42	0.46	0.50	0.54	0.58	0.62	0.66	0.69	0.73	0.77	0.80	0.84	0.87	0.91	0.94	0.97
0.48	0.04	0.08	0.12	0.17	0.21	0.25	0.29	0.33	0.37	0.41	0.45	0.49	0.53	0.57	0.61	0.64	0.68	0.72	0.75	0.79	0.82	0.86	0.89	0.92	0.96
0.49	0.04	0.08	0.12	0.16	0.20	0.24	0.28	0.32	0.36	0.40	0.44	0.48	0.52	0.56	0.59	0.63	0.67	0.70	0.74	0.77	0.81	0.84	0.88	0.91	0.94
0.50	0.04	0.08	0.12	0.16	0.20	0.24	0.28	0.32	0.36	0.39	0.43	0.47	0.51	0.55	0.58	0.62	0.65	0.69	0.73	0.76	0.79	0.83	0.86	0.89	0.92
0.51	0.04	0.08	0.12	0.16	0.20	0.23	0.27	0.31	0.35	0.39	0.42	0.46	0.50	0.54	0.57	0.61	0.64	0.68	0.71	0.75	0.78	0.81	0.85	0.88	0.91
0.52	0.04	0.08	0.12	0.15	0.19	0.23	0.27	0.31	0.34	0.38	0.42	0.45	0.49	0.53	0.56	0.60	0.63	0.67	0.70	0.73	0.77	0.80	0.83	0.86	0.89
0.53	0.04	0.08	0.11	0.15	0.19	0.23	0.26	0.30	0.34	0.37	0.41	0.45	0.48	0.52	0.55	0.59	0.62	0.65	0.69	0.72	0.75	0.79	0.82	0.85	0.88
0.54	0.04	0.07	0.11	0.15	0.18	0.22	0.26	0.29	0.33	0.37	0.40	0.44	0.47	0.51	0.54	0.58	0.61	0.64	0.68	0.71	0.74	0.77	0.80	0.83	0.86



Horizontal Axis (0.01 – 0.25)

	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19	0.20	0.21	0.22	0.23	0.24	0.25
0.55	0.04	0.07	0.11	0.15	0.18	0.22	0.25	0.29	0.32	0.36	0.39	0.43	0.46	0.50	0.53	0.57	0.60	0.63	0.66	0.70	0.73	0.76	0.79	0.82	0.85
0.56	0.04	0.07	0.11	0.14	0.18	0.21	0.25	0.28	0.32	0.35	0.39	0.42	0.46	0.49	0.52	0.56	0.59	0.62	0.65	0.69	0.72	0.75	0.78	0.81	0.84
0.57	0.04	0.07	0.11	0.14	0.17	0.21	0.24	0.28	0.31	0.35	0.38	0.41	0.45	0.48	0.51	0.55	0.58	0.61	0.64	0.67	0.71	0.74	0.77	0.80	0.82
0.58	0.03	0.07	0.10	0.14	0.17	0.21	0.24	0.27	0.31	0.34	0.37	0.41	0.44	0.47	0.51	0.54	0.57	0.60	0.63	0.66	0.69	0.72	0.75	0.78	0.81
0.59	0.03	0.07	0.10	0.14	0.17	0.20	0.24	0.27	0.30	0.34	0.37	0.40	0.43	0.47	0.50	0.53	0.56	0.59	0.62	0.65	0.68	0.71	0.74	0.77	0.80
0.60	0.03	0.07	0.10	0.13	0.17	0.20	0.23	0.27	0.30	0.33	0.36	0.39	0.43	0.46	0.49	0.52	0.55	0.58	0.61	0.64	0.67	0.70	0.73	0.76	0.79
0.61	0.03	0.07	0.10	0.13	0.16	0.20	0.23	0.26	0.29	0.32	0.36	0.39	0.42	0.45	0.48	0.51	0.54	0.57	0.60	0.63	0.66	0.69	0.72	0.75	0.78
0.62	0.03	0.06	0.10	0.13	0.16	0.19	0.22	0.26	0.29	0.32	0.35	0.38	0.41	0.44	0.47	0.50	0.54	0.56	0.59	0.62	0.65	0.68	0.71	0.74	0.77
0.63	0.03	0.06	0.10	0.13	0.16	0.19	0.22	0.25	0.28	0.31	0.35	0.38	0.41	0.44	0.47	0.50	0.53	0.56	0.59	0.61	0.64	0.67	0.70	0.73	0.75
0.64	0.03	0.06	0.09	0.12	0.16	0.19	0.22	0.25	0.28	0.31	0.34	0.37	0.40	0.43	0.46	0.49	0.52	0.55	0.58	0.61	0.63	0.66	0.69	0.72	0.74
0.65	0.03	0.06	0.09	0.12	0.15	0.18	0.21	0.24	0.28	0.31	0.34	0.37	0.39	0.42	0.45	0.48	0.51	0.54	0.57	0.60	0.62	0.65	0.68	0.71	0.73
0.66	0.03	0.06	0.09	0.12	0.15	0.18	0.21	0.24	0.27	0.30	0.33	0.36	0.39	0.42	0.45	0.48	0.50	0.53	0.56	0.59	0.62	0.64	0.67	0.70	0.72
0.67	0.03	0.06	0.09	0.12	0.15	0.18	0.21	0.24	0.27	0.30	0.33	0.35	0.38	0.41	0.44	0.47	0.50	0.52	0.55	0.58	0.61	0.63	0.66	0.69	0.71
0.68	0.03	0.06	0.09	0.12	0.15	0.18	0.21	0.23	0.26	0.29	0.32	0.35	0.38	0.41	0.43	0.46	0.49	0.52	0.54	0.57	0.60	0.63	0.65	0.68	0.70
0.69	0.03	0.06	0.09	0.12	0.14	0.17	0.20	0.23	0.26	0.29	0.32	0.34	0.37	0.40	0.43	0.46	0.48	0.51	0.54	0.56	0.59	0.62	0.64	0.67	0.69
0.70	0.03	0.06	0.09	0.11	0.14	0.17	0.20	0.23	0.26	0.28	0.31	0.34	0.37	0.39	0.42	0.45	0.48	0.50	0.53	0.56	0.58	0.61	0.63	0.66	0.69
0.71	0.03	0.06	0.08	0.11	0.14	0.17	0.20	0.22	0.25	0.28	0.31	0.33	0.36	0.39	0.42	0.44	0.47	0.50	0.52	0.55	0.57	0.60	0.63	0.65	0.68
0.72	0.03	0.06	0.08	0.11	0.14	0.17	0.19	0.22	0.25	0.28	0.30	0.33	0.36	0.38	0.41	0.44	0.46	0.49	0.52	0.54	0.57	0.59	0.62	0.64	0.67
0.73	0.03	0.05	0.08	0.11	0.14	0.16	0.19	0.22	0.25	0.27	0.30	0.33	0.35	0.38	0.41	0.43	0.46	0.48	0.51	0.53	0.56	0.59	0.61	0.63	0.66
0.74	0.03	0.05	0.08	0.11	0.13	0.16	0.19	0.22	0.24	0.27	0.30	0.32	0.35	0.37	0.40	0.43	0.45	0.48	0.50	0.53	0.55	0.58	0.60	0.63	0.65
0.75	0.03	0.05	0.08	0.11	0.13	0.16	0.19	0.21	0.24	0.27	0.29	0.32	0.34	0.37	0.39	0.42	0.45	0.47	0.50	0.52	0.55	0.57	0.59	0.62	0.64
0.76	0.03	0.05	0.08	0.11	0.13	0.16	0.18	0.21	0.24	0.26	0.29	0.31	0.34	0.36	0.39	0.41	0.44	0.47	0.49	0.51	0.54	0.56	0.59	0.61	0.64
0.77	0.03	0.05	0.08	0.10	0.13	0.16	0.18	0.21	0.23	0.26	0.28	0.31	0.33	0.36	0.38	0.41	0.43	0.46	0.48	0.51	0.53	0.56	0.58	0.60	0.63
0.78	0.03	0.05	0.08	0.10	0.13	0.15	0.18	0.20	0.23	0.26	0.28	0.31	0.33	0.36	0.38	0.40	0.43	0.45	0.48	0.50	0.53	0.55	0.57	0.60	0.62
0.79	0.03	0.05	0.08	0.10	0.13	0.15	0.18	0.20	0.23	0.25	0.28	0.30	0.33	0.35	0.38	0.40	0.42	0.45	0.47	0.50	0.52	0.54	0.57	0.59	0.61
0.80	0.02	0.05	0.07	0.10	0.12	0.15	0.17	0.20	0.22	0.25	0.27	0.30	0.32	0.35	0.37	0.39	0.42	0.44	0.47	0.49	0.51	0.54	0.56	0.58	0.61
0.81	0.02	0.05	0.07	0.10	0.12	0.15	0.17	0.20	0.22	0.25	0.27	0.29	0.32	0.34	0.37	0.39	0.41	0.44	0.46	0.48	0.51	0.53	0.55	0.58	0.60
0.82	0.02	0.05	0.07	0.10	0.12	0.15	0.17	0.19	0.22	0.24	0.27	0.29	0.31	0.34	0.36	0.39	0.41	0.43	0.46	0.48	0.50	0.52	0.55	0.57	0.59
0.83	0.02	0.05	0.07	0.10	0.12	0.14	0.17	0.19	0.22	0.24	0.26	0.29	0.31	0.33	0.36	0.38	0.40	0.43	0.45	0.47	0.50	0.52	0.54	0.56	0.58

Horizontal Axis (0.01 – 0.25)

	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19	0.20	0.21	0.22	0.23	0.24	0.25
<b>0.84</b>	0.02	0.05	0.07	0.10	0.12	0.14	0.17	0.19	0.21	0.24	0.26	0.28	0.31	0.33	0.35	0.38	0.40	0.42	0.44	0.47	0.49	0.51	0.53	0.56	0.58
<b>0.85</b>	0.02	0.05	0.07	0.09	0.12	0.14	0.16	0.19	0.21	0.23	0.26	0.28	0.30	0.33	0.35	0.37	0.39	0.42	0.44	0.46	0.48	0.51	0.53	0.55	0.57
<b>0.86</b>	0.02	0.05	0.07	0.09	0.12	0.14	0.16	0.19	0.21	0.23	0.25	0.28	0.30	0.32	0.35	0.37	0.39	0.41	0.43	0.46	0.48	0.50	0.52	0.54	0.57
<b>0.87</b>	0.02	0.05	0.07	0.09	0.11	0.14	0.16	0.18	0.21	0.23	0.25	0.27	0.30	0.32	0.34	0.36	0.39	0.41	0.43	0.45	0.47	0.50	0.52	0.54	0.56
<b>0.88</b>	0.02	0.05	0.07	0.09	0.11	0.14	0.16	0.18	0.20	0.23	0.25	0.27	0.29	0.32	0.34	0.36	0.38	0.40	0.43	0.45	0.47	0.49	0.51	0.53	0.55
<b>0.89</b>	0.02	0.04	0.07	0.09	0.11	0.13	0.16	0.18	0.20	0.22	0.25	0.27	0.29	0.31	0.33	0.36	0.38	0.40	0.42	0.44	0.46	0.48	0.51	0.53	0.55
<b>0.90</b>	0.02	0.04	0.07	0.09	0.11	0.13	0.16	0.18	0.20	0.22	0.24	0.27	0.29	0.31	0.33	0.35	0.37	0.39	0.42	0.44	0.46	0.48	0.50	0.52	0.54
<b>0.91</b>	0.02	0.04	0.07	0.09	0.11	0.13	0.15	0.18	0.20	0.22	0.24	0.26	0.28	0.31	0.33	0.35	0.37	0.39	0.41	0.43	0.45	0.47	0.49	0.52	0.54
<b>0.92</b>	0.02	0.04	0.07	0.09	0.11	0.13	0.15	0.17	0.20	0.22	0.24	0.26	0.28	0.30	0.32	0.34	0.37	0.39	0.41	0.43	0.45	0.47	0.49	0.51	0.53
<b>0.93</b>	0.02	0.04	0.06	0.09	0.11	0.13	0.15	0.17	0.19	0.21	0.24	0.26	0.28	0.30	0.32	0.34	0.36	0.38	0.40	0.42	0.44	0.46	0.48	0.50	0.53
<b>0.94</b>	0.02	0.04	0.06	0.09	0.11	0.13	0.15	0.17	0.19	0.21	0.23	0.25	0.27	0.30	0.32	0.34	0.36	0.38	0.40	0.42	0.44	0.46	0.48	0.50	0.52
<b>0.95</b>	0.02	0.04	0.06	0.08	0.11	0.13	0.15	0.17	0.19	0.21	0.23	0.25	0.27	0.29	0.31	0.33	0.35	0.37	0.39	0.41	0.44	0.46	0.47	0.49	0.51
<b>0.96</b>	0.02	0.04	0.06	0.08	0.10	0.12	0.15	0.17	0.19	0.21	0.23	0.25	0.27	0.29	0.31	0.33	0.35	0.37	0.39	0.41	0.43	0.45	0.47	0.49	0.51
<b>0.97</b>	0.02	0.04	0.06	0.08	0.10	0.12	0.14	0.16	0.19	0.21	0.23	0.25	0.27	0.29	0.31	0.33	0.35	0.37	0.39	0.41	0.43	0.45	0.47	0.48	0.50
<b>0.98</b>	0.02	0.04	0.06	0.08	0.10	0.12	0.14	0.16	0.18	0.20	0.22	0.24	0.26	0.28	0.30	0.32	0.34	0.36	0.38	0.40	0.42	0.44	0.46	0.48	0.50
<b>0.99</b>	0.02	0.04	0.06	0.08	0.10	0.12	0.14	0.16	0.18	0.20	0.22	0.24	0.26	0.28	0.30	0.32	0.34	0.36	0.38	0.40	0.42	0.44	0.46	0.48	0.49
<b>1.00</b>	0.02	0.04	0.06	0.08	0.10	0.12	0.14	0.16	0.18	0.20	0.22	0.24	0.26	0.28	0.30	0.32	0.34	0.36	0.38	0.39	0.41	0.43	0.45	0.47	0.49

Horizontal Axis (0.26 – 0.50)

	0.26	0.27	0.28	0.29	0.30	0.31	0.32	0.33	0.34	0.35	0.36	0.37	0.38	0.39	0.40	0.41	0.42	0.43	0.44	0.45	0.46	0.47	0.48	0.49	0.50
<b>0.01</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.02</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.03</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.04</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.05</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.06</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.07</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00

Horizontal Axis (0.26 – 0.50)

	0.26	0.27	0.28	0.29	0.30	0.31	0.32	0.33	0.34	0.35	0.36	0.37	0.38	0.39	0.40	0.41	0.42	0.43	0.44	0.45	0.46	0.47	0.48	0.49	0.50
0.08	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
0.09	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
0.10	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
0.11	1.96	1.97	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
0.12	1.95	1.96	1.96	1.97	1.97	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
0.13	1.93	1.94	1.95	1.95	1.96	1.97	1.97	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00
0.14	1.90	1.92	1.93	1.94	1.95	1.95	1.96	1.96	1.97	1.97	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00
0.15	1.88	1.89	1.91	1.92	1.93	1.94	1.94	1.95	1.96	1.96	1.97	1.97	1.97	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99
0.16	1.85	1.87	1.88	1.90	1.91	1.92	1.93	1.94	1.94	1.95	1.96	1.96	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99
0.17	1.82	1.84	1.86	1.87	1.89	1.90	1.91	1.92	1.93	1.94	1.94	1.95	1.95	1.96	1.96	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.99	1.99	1.99
0.18	1.79	1.81	1.83	1.85	1.86	1.88	1.89	1.90	1.91	1.92	1.93	1.94	1.94	1.95	1.95	1.96	1.96	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98
0.19	1.76	1.78	1.80	1.82	1.84	1.85	1.87	1.88	1.89	1.90	1.91	1.92	1.93	1.94	1.94	1.95	1.95	1.96	1.96	1.97	1.97	1.97	1.97	1.98	1.98
0.20	1.72	1.75	1.77	1.79	1.81	1.83	1.84	1.86	1.87	1.88	1.89	1.90	1.91	1.92	1.93	1.93	1.94	1.95	1.95	1.96	1.96	1.96	1.97	1.97	1.97
0.21	1.69	1.72	1.74	1.76	1.78	1.80	1.82	1.83	1.85	1.86	1.87	1.89	1.90	1.90	1.91	1.92	1.93	1.93	1.94	1.95	1.95	1.96	1.96	1.96	1.97
0.22	1.66	1.68	1.71	1.73	1.75	1.77	1.79	1.81	1.83	1.84	1.85	1.87	1.88	1.89	1.90	1.91	1.91	1.92	1.93	1.93	1.94	1.94	1.95	1.95	1.96
0.23	1.62	1.65	1.68	1.70	1.73	1.75	1.77	1.79	1.80	1.82	1.83	1.85	1.86	1.87	1.88	1.89	1.90	1.91	1.91	1.92	1.93	1.93	1.94	1.94	1.95
0.24	1.59	1.62	1.65	1.67	1.70	1.72	1.74	1.76	1.78	1.79	1.81	1.82	1.84	1.85	1.86	1.87	1.88	1.89	1.90	1.91	1.92	1.92	1.93	1.93	1.94
0.25	1.56	1.59	1.62	1.64	1.67	1.69	1.71	1.73	1.75	1.77	1.79	1.80	1.82	1.83	1.84	1.85	1.87	1.88	1.89	1.89	1.90	1.91	1.92	1.92	1.93
0.26	1.52	1.55	1.58	1.61	1.64	1.66	1.69	1.71	1.73	1.75	1.76	1.78	1.80	1.81	1.82	1.84	1.85	1.86	1.87	1.88	1.89	1.90	1.90	1.91	1.92
0.27	1.49	1.52	1.55	1.58	1.61	1.63	1.66	1.68	1.70	1.72	1.74	1.76	1.77	1.79	1.80	1.82	1.83	1.84	1.85	1.86	1.87	1.88	1.89	1.90	1.90
0.28	1.46	1.49	1.52	1.55	1.58	1.61	1.63	1.65	1.68	1.70	1.72	1.73	1.75	1.77	1.78	1.80	1.81	1.82	1.83	1.85	1.86	1.87	1.87	1.88	1.89
0.29	1.43	1.46	1.49	1.52	1.55	1.58	1.60	1.63	1.65	1.67	1.69	1.71	1.73	1.75	1.76	1.78	1.79	1.80	1.82	1.83	1.84	1.85	1.86	1.87	1.88
0.30	1.40	1.43	1.46	1.49	1.52	1.55	1.58	1.60	1.62	1.65	1.67	1.69	1.71	1.72	1.74	1.76	1.77	1.78	1.80	1.81	1.82	1.83	1.84	1.85	1.86
0.31	1.37	1.40	1.44	1.47	1.50	1.52	1.55	1.57	1.60	1.62	1.64	1.66	1.68	1.70	1.72	1.73	1.75	1.77	1.78	1.79	1.80	1.82	1.83	1.84	1.85
0.32	1.34	1.38	1.41	1.44	1.47	1.50	1.52	1.55	1.57	1.60	1.62	1.64	1.66	1.68	1.70	1.71	1.73	1.75	1.76	1.77	1.79	1.80	1.81	1.82	1.83
0.33	1.31	1.35	1.38	1.41	1.44	1.47	1.50	1.52	1.55	1.57	1.59	1.62	1.64	1.66	1.67	1.69	1.71	1.73	1.74	1.75	1.77	1.78	1.79	1.80	1.82
0.34	1.29	1.32	1.35	1.39	1.42	1.44	1.47	1.50	1.52	1.55	1.57	1.59	1.61	1.63	1.65	1.67	1.69	1.70	1.72	1.74	1.75	1.76	1.78	1.79	1.80
0.35	1.26	1.30	1.33	1.36	1.39	1.42	1.45	1.47	1.50	1.52	1.55	1.57	1.59	1.61	1.63	1.65	1.67	1.68	1.70	1.72	1.73	1.74	1.76	1.77	1.78
0.36	1.24	1.27	1.30	1.33	1.36	1.39	1.42	1.45	1.47	1.50	1.52	1.55	1.57	1.59	1.61	1.63	1.65	1.66	1.68	1.70	1.71	1.73	1.74	1.75	1.77

Horizontal Axis (0.26 – 0.50)

	0.26	0.27	0.28	0.29	0.30	0.31	0.32	0.33	0.34	0.35	0.36	0.37	0.38	0.39	0.40	0.41	0.42	0.43	0.44	0.45	0.46	0.47	0.48	0.49	0.50
0.37	1.21	1.25	1.28	1.31	1.34	1.37	1.40	1.42	1.45	1.48	1.50	1.52	1.55	1.57	1.59	1.61	1.63	1.64	1.66	1.68	1.69	1.71	1.72	1.74	1.75
0.38	1.19	1.22	1.25	1.29	1.32	1.35	1.37	1.40	1.43	1.45	1.48	1.50	1.52	1.54	1.57	1.59	1.60	1.62	1.64	1.66	1.67	1.69	1.70	1.72	1.73
0.39	1.17	1.20	1.23	1.26	1.29	1.32	1.35	1.38	1.40	1.43	1.45	1.48	1.50	1.52	1.54	1.56	1.58	1.60	1.62	1.64	1.65	1.67	1.69	1.70	1.71
0.40	1.14	1.18	1.21	1.24	1.27	1.30	1.33	1.36	1.38	1.41	1.43	1.46	1.48	1.50	1.52	1.54	1.56	1.58	1.60	1.62	1.64	1.65	1.67	1.68	1.70
0.41	1.12	1.15	1.19	1.22	1.25	1.28	1.31	1.33	1.36	1.39	1.41	1.43	1.46	1.48	1.50	1.52	1.54	1.56	1.58	1.60	1.62	1.63	1.65	1.66	1.68
0.42	1.10	1.13	1.17	1.20	1.23	1.26	1.28	1.31	1.34	1.36	1.39	1.41	1.44	1.46	1.48	1.50	1.52	1.54	1.56	1.58	1.60	1.61	1.63	1.65	1.66
0.43	1.08	1.11	1.14	1.18	1.21	1.23	1.26	1.29	1.32	1.34	1.37	1.39	1.42	1.44	1.46	1.48	1.50	1.52	1.54	1.56	1.58	1.60	1.61	1.63	1.64
0.44	1.06	1.09	1.12	1.16	1.19	1.21	1.24	1.27	1.30	1.32	1.35	1.37	1.40	1.42	1.44	1.46	1.48	1.50	1.52	1.54	1.56	1.58	1.59	1.61	1.63
0.45	1.04	1.07	1.11	1.14	1.17	1.19	1.22	1.25	1.28	1.30	1.33	1.35	1.38	1.40	1.42	1.44	1.46	1.48	1.50	1.52	1.54	1.56	1.58	1.59	1.61
0.46	1.02	1.06	1.09	1.12	1.15	1.18	1.20	1.23	1.26	1.28	1.31	1.33	1.36	1.38	1.40	1.42	1.45	1.47	1.49	1.50	1.52	1.54	1.56	1.58	1.59
0.47	1.01	1.04	1.07	1.10	1.13	1.16	1.18	1.21	1.24	1.26	1.29	1.31	1.34	1.36	1.38	1.41	1.43	1.45	1.47	1.49	1.51	1.52	1.54	1.56	1.57
0.48	0.99	1.02	1.05	1.08	1.11	1.14	1.17	1.19	1.22	1.25	1.27	1.29	1.32	1.34	1.36	1.39	1.41	1.43	1.45	1.47	1.49	1.51	1.52	1.54	1.56
0.49	0.97	1.00	1.03	1.06	1.09	1.12	1.15	1.17	1.20	1.23	1.25	1.28	1.30	1.32	1.35	1.37	1.39	1.41	1.43	1.45	1.47	1.49	1.51	1.52	1.54
0.50	0.96	0.99	1.02	1.05	1.07	1.10	1.13	1.16	1.18	1.21	1.23	1.26	1.28	1.31	1.33	1.35	1.37	1.39	1.41	1.43	1.45	1.47	1.49	1.51	1.52
0.51	0.94	0.97	1.00	1.03	1.06	1.09	1.11	1.14	1.17	1.19	1.22	1.24	1.26	1.29	1.31	1.33	1.35	1.37	1.40	1.42	1.43	1.45	1.47	1.49	1.51
0.52	0.92	0.95	0.98	1.01	1.04	1.07	1.10	1.12	1.15	1.17	1.20	1.22	1.25	1.27	1.29	1.32	1.34	1.36	1.38	1.40	1.42	1.44	1.45	1.47	1.49
0.53	0.91	0.94	0.97	1.00	1.02	1.05	1.08	1.11	1.13	1.16	1.18	1.21	1.23	1.25	1.28	1.30	1.32	1.34	1.36	1.38	1.40	1.42	1.44	1.46	1.47
0.54	0.89	0.92	0.95	0.98	1.01	1.04	1.06	1.09	1.12	1.14	1.17	1.19	1.21	1.24	1.26	1.28	1.30	1.32	1.34	1.36	1.38	1.40	1.42	1.44	1.46
0.55	0.88	0.91	0.94	0.97	0.99	1.02	1.05	1.07	1.10	1.12	1.15	1.17	1.20	1.22	1.24	1.26	1.29	1.31	1.33	1.35	1.37	1.39	1.41	1.42	1.44
0.56	0.87	0.90	0.92	0.95	0.98	1.01	1.03	1.06	1.08	1.11	1.13	1.16	1.18	1.20	1.23	1.25	1.27	1.29	1.31	1.33	1.35	1.37	1.39	1.41	1.43
0.57	0.85	0.88	0.91	0.94	0.97	0.99	1.02	1.04	1.07	1.09	1.12	1.14	1.17	1.19	1.21	1.23	1.25	1.28	1.30	1.32	1.34	1.36	1.37	1.39	1.41
0.58	0.84	0.87	0.90	0.92	0.95	0.98	1.00	1.03	1.05	1.08	1.10	1.13	1.15	1.17	1.20	1.22	1.24	1.26	1.28	1.30	1.32	1.34	1.36	1.38	1.39
0.59	0.83	0.86	0.88	0.91	0.94	0.96	0.99	1.01	1.04	1.06	1.09	1.11	1.14	1.16	1.18	1.20	1.22	1.24	1.27	1.29	1.31	1.32	1.34	1.36	1.38
0.60	0.82	0.84	0.87	0.90	0.92	0.95	0.98	1.00	1.03	1.05	1.07	1.10	1.12	1.14	1.17	1.19	1.21	1.23	1.25	1.27	1.29	1.31	1.33	1.35	1.36
0.61	0.80	0.83	0.86	0.89	0.91	0.94	0.96	0.99	1.01	1.04	1.06	1.08	1.11	1.13	1.15	1.17	1.19	1.21	1.24	1.26	1.28	1.29	1.31	1.33	1.35
0.62	0.79	0.82	0.85	0.87	0.90	0.92	0.95	0.97	1.00	1.02	1.05	1.07	1.09	1.11	1.14	1.16	1.18	1.20	1.22	1.24	1.26	1.28	1.30	1.32	1.34
0.63	0.78	0.81	0.83	0.86	0.89	0.91	0.94	0.96	0.99	1.01	1.03	1.06	1.08	1.10	1.12	1.14	1.17	1.19	1.21	1.23	1.25	1.27	1.28	1.30	1.32
0.64	0.77	0.80	0.82	0.85	0.87	0.90	0.92	0.95	0.97	1.00	1.02	1.04	1.07	1.09	1.11	1.13	1.15	1.17	1.19	1.21	1.23	1.25	1.27	1.29	1.31
0.65	0.76	0.79	0.81	0.84	0.86	0.89	0.91	0.94	0.96	0.98	1.01	1.03	1.05	1.07	1.10	1.12	1.14	1.16	1.18	1.20	1.22	1.24	1.26	1.27	1.29

## Horizontal Axis (0.26 – 0.50)

	0.26	0.27	0.28	0.29	0.30	0.31	0.32	0.33	0.34	0.35	0.36	0.37	0.38	0.39	0.40	0.41	0.42	0.43	0.44	0.45	0.46	0.47	0.48	0.49	0.50
<b>0.66</b>	0.75	0.78	0.80	0.83	0.85	0.88	0.90	0.92	0.95	0.97	0.99	1.02	1.04	1.06	1.08	1.10	1.12	1.15	1.17	1.19	1.20	1.22	1.24	1.26	1.28
<b>0.67</b>	0.74	0.77	0.79	0.82	0.84	0.86	0.89	0.91	0.94	0.96	0.98	1.00	1.03	1.05	1.07	1.09	1.11	1.13	1.15	1.17	1.19	1.21	1.23	1.25	1.27
<b>0.68</b>	0.73	0.75	0.78	0.80	0.83	0.85	0.88	0.90	0.92	0.95	0.97	0.99	1.01	1.04	1.06	1.08	1.10	1.12	1.14	1.16	1.18	1.20	1.22	1.23	1.25
<b>0.69</b>	0.72	0.74	0.77	0.79	0.82	0.84	0.87	0.89	0.91	0.94	0.96	0.98	1.00	1.02	1.04	1.07	1.09	1.11	1.13	1.15	1.17	1.18	1.20	1.22	1.24
<b>0.70</b>	0.71	0.74	0.76	0.78	0.81	0.83	0.86	0.88	0.90	0.92	0.95	0.97	0.99	1.01	1.03	1.05	1.07	1.09	1.11	1.13	1.15	1.17	1.19	1.21	1.23
<b>0.71</b>	0.70	0.73	0.75	0.77	0.80	0.82	0.84	0.87	0.89	0.91	0.94	0.96	0.98	1.00	1.02	1.04	1.06	1.08	1.10	1.12	1.14	1.16	1.18	1.20	1.21
<b>0.72</b>	0.69	0.72	0.74	0.76	0.79	0.81	0.83	0.86	0.88	0.90	0.92	0.95	0.97	0.99	1.01	1.03	1.05	1.07	1.09	1.11	1.13	1.15	1.17	1.18	1.20
<b>0.73</b>	0.68	0.71	0.73	0.76	0.78	0.80	0.82	0.85	0.87	0.89	0.91	0.93	0.96	0.98	1.00	1.02	1.04	1.06	1.08	1.10	1.12	1.14	1.15	1.17	1.19
<b>0.74</b>	0.68	0.70	0.72	0.75	0.77	0.79	0.81	0.84	0.86	0.88	0.90	0.92	0.95	0.97	0.99	1.01	1.03	1.05	1.07	1.09	1.10	1.12	1.14	1.16	1.18
<b>0.75</b>	0.67	0.69	0.71	0.74	0.76	0.78	0.81	0.83	0.85	0.87	0.89	0.91	0.93	0.96	0.98	1.00	1.02	1.04	1.05	1.07	1.09	1.11	1.13	1.15	1.17
<b>0.76</b>	0.66	0.68	0.71	0.73	0.75	0.77	0.80	0.82	0.84	0.86	0.88	0.90	0.92	0.94	0.97	0.99	1.00	1.02	1.04	1.06	1.08	1.10	1.12	1.14	1.15
<b>0.77</b>	0.65	0.67	0.70	0.72	0.74	0.76	0.79	0.81	0.83	0.85	0.87	0.89	0.91	0.93	0.95	0.97	0.99	1.01	1.03	1.05	1.07	1.09	1.11	1.12	1.14
<b>0.78</b>	0.64	0.67	0.69	0.71	0.73	0.76	0.78	0.80	0.82	0.84	0.86	0.88	0.90	0.92	0.94	0.96	0.98	1.00	1.02	1.04	1.06	1.08	1.10	1.11	1.13
<b>0.79</b>	0.64	0.66	0.68	0.70	0.72	0.75	0.77	0.79	0.81	0.83	0.85	0.87	0.89	0.91	0.93	0.95	0.97	0.99	1.01	1.03	1.05	1.07	1.08	1.10	1.12
<b>0.80</b>	0.63	0.65	0.67	0.69	0.72	0.74	0.76	0.78	0.80	0.82	0.84	0.86	0.88	0.90	0.92	0.94	0.96	0.98	1.00	1.02	1.04	1.06	1.07	1.09	1.11
<b>0.81</b>	0.62	0.64	0.67	0.69	0.71	0.73	0.75	0.77	0.79	0.81	0.83	0.85	0.88	0.89	0.91	0.93	0.95	0.97	0.99	1.01	1.03	1.05	1.06	1.08	1.10
<b>0.82</b>	0.61	0.64	0.66	0.68	0.70	0.72	0.74	0.76	0.78	0.81	0.83	0.85	0.87	0.89	0.90	0.92	0.94	0.96	0.98	1.00	1.02	1.04	1.05	1.07	1.09
<b>0.83</b>	0.61	0.63	0.65	0.67	0.69	0.71	0.74	0.76	0.78	0.80	0.82	0.84	0.86	0.88	0.90	0.91	0.93	0.95	0.97	0.99	1.01	1.03	1.04	1.06	1.08
<b>0.84</b>	0.60	0.62	0.64	0.66	0.69	0.71	0.73	0.75	0.77	0.79	0.81	0.83	0.85	0.87	0.89	0.91	0.92	0.94	0.96	0.98	1.00	1.02	1.03	1.05	1.07
<b>0.85</b>	0.59	0.61	0.64	0.66	0.68	0.70	0.72	0.74	0.76	0.78	0.80	0.82	0.84	0.86	0.88	0.90	0.91	0.93	0.95	0.97	0.99	1.01	1.02	1.04	1.06
<b>0.86</b>	0.59	0.61	0.63	0.65	0.67	0.69	0.71	0.73	0.75	0.77	0.79	0.81	0.83	0.85	0.87	0.89	0.91	0.92	0.94	0.96	0.98	1.00	1.01	1.03	1.05
<b>0.87</b>	0.58	0.60	0.62	0.64	0.66	0.68	0.70	0.72	0.74	0.76	0.78	0.80	0.82	0.84	0.86	0.88	0.90	0.92	0.93	0.95	0.97	0.99	1.00	1.02	1.04
<b>0.88</b>	0.57	0.60	0.62	0.64	0.66	0.68	0.70	0.72	0.74	0.76	0.78	0.79	0.81	0.83	0.85	0.87	0.89	0.91	0.92	0.94	0.96	0.98	0.99	1.01	1.03
<b>0.89</b>	0.57	0.59	0.61	0.63	0.65	0.67	0.69	0.71	0.73	0.75	0.77	0.79	0.81	0.82	0.84	0.86	0.88	0.90	0.92	0.93	0.95	0.97	0.98	1.00	1.02
<b>0.90</b>	0.56	0.58	0.60	0.62	0.64	0.66	0.68	0.70	0.72	0.74	0.76	0.78	0.80	0.82	0.83	0.85	0.87	0.89	0.91	0.92	0.94	0.96	0.98	0.99	1.01
<b>0.91</b>	0.56	0.58	0.60	0.62	0.64	0.66	0.68	0.70	0.71	0.73	0.75	0.77	0.79	0.81	0.83	0.84	0.86	0.88	0.90	0.92	0.93	0.95	0.97	0.98	1.00
<b>0.92</b>	0.55	0.57	0.59	0.61	0.63	0.65	0.67	0.69	0.71	0.73	0.74	0.76	0.78	0.80	0.82	0.84	0.85	0.87	0.89	0.91	0.92	0.94	0.96	0.97	0.99
<b>0.93</b>	0.55	0.56	0.58	0.60	0.62	0.64	0.66	0.68	0.70	0.72	0.74	0.76	0.77	0.79	0.81	0.83	0.85	0.86	0.88	0.90	0.92	0.93	0.95	0.97	0.98
<b>0.94</b>	0.54	0.56	0.58	0.60	0.62	0.64	0.66	0.67	0.69	0.71	0.73	0.75	0.77	0.79	0.80	0.82	0.84	0.86	0.87	0.89	0.91	0.92	0.94	0.96	0.97

**Horizontal Axis (0.26 – 0.50)**

	<b>0.26</b>	<b>0.27</b>	<b>0.28</b>	<b>0.29</b>	<b>0.30</b>	<b>0.31</b>	<b>0.32</b>	<b>0.33</b>	<b>0.34</b>	<b>0.35</b>	<b>0.36</b>	<b>0.37</b>	<b>0.38</b>	<b>0.39</b>	<b>0.40</b>	<b>0.41</b>	<b>0.42</b>	<b>0.43</b>	<b>0.44</b>	<b>0.45</b>	<b>0.46</b>	<b>0.47</b>	<b>0.48</b>	<b>0.49</b>	<b>0.50</b>
<b>0.95</b>	0.53	0.55	0.57	0.59	0.61	0.63	0.65	0.67	0.69	0.71	0.72	0.74	0.76	0.78	0.80	0.81	0.83	0.85	0.87	0.88	0.90	0.92	0.93	0.95	0.97
<b>0.96</b>	0.53	0.55	0.57	0.59	0.61	0.62	0.64	0.66	0.68	0.70	0.72	0.73	0.75	0.77	0.79	0.81	0.82	0.84	0.86	0.87	0.89	0.91	0.92	0.94	0.96
<b>0.97</b>	0.52	0.54	0.56	0.58	0.60	0.62	0.64	0.66	0.67	0.69	0.71	0.73	0.75	0.76	0.78	0.80	0.82	0.83	0.85	0.87	0.88	0.90	0.92	0.93	0.95
<b>0.98</b>	0.52	0.54	0.56	0.58	0.59	0.61	0.63	0.65	0.67	0.69	0.70	0.72	0.74	0.76	0.77	0.79	0.81	0.83	0.84	0.86	0.88	0.89	0.91	0.92	0.94
<b>0.99</b>	0.51	0.53	0.55	0.57	0.59	0.61	0.62	0.64	0.66	0.68	0.70	0.71	0.73	0.75	0.77	0.78	0.80	0.82	0.83	0.85	0.87	0.88	0.90	0.92	0.93
<b>1.00</b>	0.51	0.53	0.55	0.56	0.58	0.60	0.62	0.64	0.65	0.67	0.69	0.71	0.73	0.74	0.76	0.78	0.79	0.81	0.83	0.84	0.86	0.88	0.89	0.91	0.92

**Horizontal Axis (0.51 – 0.75)**

	<b>0.51</b>	<b>0.52</b>	<b>0.53</b>	<b>0.54</b>	<b>0.55</b>	<b>0.56</b>	<b>0.57</b>	<b>0.58</b>	<b>0.59</b>	<b>0.60</b>	<b>0.61</b>	<b>0.62</b>	<b>0.63</b>	<b>0.64</b>	<b>0.65</b>	<b>0.66</b>	<b>0.67</b>	<b>0.68</b>	<b>0.69</b>	<b>0.70</b>	<b>0.71</b>	<b>0.72</b>	<b>0.73</b>	<b>0.74</b>	<b>0.75</b>
<b>0.01</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.02</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.03</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.04</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.05</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.06</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.07</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.08</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.09</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.10</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.11</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.12</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.13</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.14</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.15</b>	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.16</b>	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.17</b>	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.18</b>	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00

Horizontal Axis (0.51 – 0.75)

	0.51	0.52	0.53	0.54	0.55	0.56	0.57	0.58	0.59	0.60	0.61	0.62	0.63	0.64	0.65	0.66	0.67	0.68	0.69	0.70	0.71	0.72	0.73	0.74	0.75
<b>0.19</b>	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.20</b>	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>0.21</b>	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00	2.00	2.00	2.00
<b>0.22</b>	1.96	1.96	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	2.00	2.00
<b>0.23</b>	1.95	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99
<b>0.24</b>	1.94	1.95	1.95	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99
<b>0.25</b>	1.93	1.94	1.94	1.95	1.95	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99
<b>0.26</b>	1.92	1.93	1.93	1.94	1.94	1.95	1.95	1.95	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99
<b>0.27</b>	1.91	1.92	1.92	1.93	1.93	1.94	1.94	1.95	1.95	1.95	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98
<b>0.28</b>	1.90	1.90	1.91	1.92	1.92	1.93	1.93	1.94	1.94	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98
<b>0.29</b>	1.88	1.89	1.90	1.91	1.91	1.92	1.92	1.93	1.93	1.94	1.94	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.98	1.98
<b>0.30</b>	1.87	1.88	1.89	1.89	1.90	1.91	1.91	1.92	1.92	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97
<b>0.31</b>	1.86	1.87	1.87	1.88	1.89	1.89	1.90	1.91	1.91	1.92	1.92	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.97	1.97
<b>0.32</b>	1.84	1.85	1.86	1.87	1.88	1.88	1.89	1.90	1.90	1.91	1.91	1.92	1.92	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95	1.96	1.96	1.96	1.96
<b>0.33</b>	1.83	1.84	1.85	1.85	1.86	1.87	1.88	1.88	1.89	1.90	1.90	1.91	1.91	1.92	1.92	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95	1.96	1.96
<b>0.34</b>	1.81	1.82	1.83	1.84	1.85	1.86	1.86	1.87	1.88	1.89	1.89	1.90	1.90	1.91	1.91	1.92	1.92	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95
<b>0.35</b>	1.79	1.81	1.82	1.83	1.83	1.84	1.85	1.86	1.87	1.87	1.88	1.89	1.89	1.90	1.90	1.91	1.91	1.92	1.92	1.93	1.93	1.94	1.94	1.94	1.95
<b>0.36</b>	1.78	1.79	1.80	1.81	1.82	1.83	1.84	1.85	1.85	1.86	1.87	1.88	1.88	1.89	1.89	1.90	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.94	1.94
<b>0.37</b>	1.76	1.77	1.78	1.80	1.81	1.82	1.82	1.83	1.84	1.85	1.86	1.86	1.87	1.88	1.88	1.89	1.90	1.90	1.91	1.91	1.92	1.92	1.92	1.93	1.93
<b>0.38</b>	1.74	1.76	1.77	1.78	1.79	1.80	1.81	1.82	1.83	1.84	1.84	1.85	1.86	1.87	1.87	1.88	1.89	1.89	1.90	1.90	1.91	1.91	1.92	1.92	1.92
<b>0.39</b>	1.73	1.74	1.75	1.76	1.78	1.79	1.80	1.81	1.81	1.82	1.83	1.84	1.85	1.86	1.86	1.87	1.88	1.88	1.89	1.89	1.90	1.90	1.91	1.91	1.92
<b>0.40</b>	1.71	1.72	1.74	1.75	1.76	1.77	1.78	1.79	1.80	1.81	1.82	1.83	1.84	1.84	1.85	1.86	1.86	1.87	1.88	1.88	1.89	1.89	1.90	1.90	1.91
<b>0.41</b>	1.69	1.71	1.72	1.73	1.74	1.76	1.77	1.78	1.79	1.80	1.81	1.81	1.82	1.83	1.84	1.85	1.85	1.86	1.87	1.87	1.88	1.88	1.89	1.89	1.90
<b>0.42</b>	1.68	1.69	1.70	1.72	1.73	1.74	1.75	1.76	1.77	1.78	1.79	1.80	1.81	1.82	1.83	1.83	1.84	1.85	1.86	1.86	1.87	1.87	1.88	1.89	1.89
<b>0.43</b>	1.66	1.67	1.69	1.70	1.71	1.72	1.74	1.75	1.76	1.77	1.78	1.79	1.80	1.81	1.81	1.82	1.83	1.84	1.84	1.85	1.86	1.86	1.87	1.88	1.88
<b>0.44</b>	1.64	1.66	1.67	1.68	1.70	1.71	1.72	1.73	1.74	1.75	1.76	1.77	1.78	1.79	1.80	1.81	1.82	1.83	1.83	1.84	1.85	1.85	1.86	1.87	1.87
<b>0.45</b>	1.62	1.64	1.65	1.67	1.68	1.69	1.71	1.72	1.73	1.74	1.75	1.76	1.77	1.78	1.79	1.80	1.81	1.81	1.82	1.83	1.84	1.84	1.85	1.86	1.86
<b>0.46</b>	1.61	1.62	1.64	1.65	1.66	1.68	1.69	1.70	1.71	1.73	1.74	1.75	1.76	1.77	1.78	1.79	1.79	1.80	1.81	1.82	1.83	1.83	1.84	1.85	1.85
<b>0.47</b>	1.59	1.61	1.62	1.63	1.65	1.66	1.68	1.69	1.70	1.71	1.72	1.73	1.74	1.75	1.76	1.77	1.78	1.79	1.80	1.81	1.81	1.82	1.83	1.84	1.84

Horizontal Axis (0.51 – 0.75)

	0.51	0.52	0.53	0.54	0.55	0.56	0.57	0.58	0.59	0.60	0.61	0.62	0.63	0.64	0.65	0.66	0.67	0.68	0.69	0.70	0.71	0.72	0.73	0.74	0.75
0.48	1.57	1.59	1.60	1.62	1.63	1.65	1.66	1.67	1.68	1.70	1.71	1.72	1.73	1.74	1.75	1.76	1.77	1.78	1.79	1.79	1.80	1.81	1.82	1.82	1.83
0.49	1.56	1.57	1.59	1.60	1.62	1.63	1.64	1.66	1.67	1.68	1.69	1.71	1.72	1.73	1.74	1.75	1.76	1.77	1.77	1.78	1.79	1.80	1.81	1.81	1.82
0.50	1.54	1.56	1.57	1.59	1.60	1.62	1.63	1.64	1.65	1.67	1.68	1.69	1.70	1.71	1.72	1.73	1.74	1.75	1.76	1.77	1.78	1.79	1.80	1.80	1.81
0.51	1.52	1.54	1.56	1.57	1.59	1.60	1.61	1.63	1.64	1.65	1.66	1.68	1.69	1.70	1.71	1.72	1.73	1.74	1.75	1.76	1.77	1.78	1.78	1.79	1.80
0.52	1.51	1.52	1.54	1.55	1.57	1.58	1.60	1.61	1.63	1.64	1.65	1.66	1.67	1.69	1.70	1.71	1.72	1.73	1.74	1.75	1.76	1.76	1.77	1.78	1.79
0.53	1.49	1.51	1.52	1.54	1.55	1.57	1.58	1.60	1.61	1.62	1.64	1.65	1.66	1.67	1.68	1.69	1.70	1.71	1.72	1.73	1.74	1.75	1.76	1.77	1.78
0.54	1.47	1.49	1.51	1.52	1.54	1.55	1.57	1.58	1.60	1.61	1.62	1.63	1.65	1.66	1.67	1.68	1.69	1.70	1.71	1.72	1.73	1.74	1.75	1.76	1.77
0.55	1.46	1.48	1.49	1.51	1.52	1.54	1.55	1.57	1.58	1.59	1.61	1.62	1.63	1.64	1.66	1.67	1.68	1.69	1.70	1.71	1.72	1.73	1.74	1.75	1.75
0.56	1.44	1.46	1.48	1.49	1.51	1.52	1.54	1.55	1.57	1.58	1.59	1.61	1.62	1.63	1.64	1.65	1.67	1.68	1.69	1.70	1.71	1.72	1.73	1.73	1.74
0.57	1.43	1.44	1.46	1.48	1.49	1.51	1.52	1.54	1.55	1.57	1.58	1.59	1.60	1.62	1.63	1.64	1.65	1.66	1.67	1.68	1.69	1.70	1.71	1.72	1.73
0.58	1.41	1.43	1.45	1.46	1.48	1.49	1.51	1.52	1.54	1.55	1.56	1.58	1.59	1.60	1.62	1.63	1.64	1.65	1.66	1.67	1.68	1.69	1.70	1.71	1.72
0.59	1.40	1.41	1.43	1.45	1.46	1.48	1.49	1.51	1.52	1.54	1.55	1.56	1.58	1.59	1.60	1.61	1.63	1.64	1.65	1.66	1.67	1.68	1.69	1.70	1.71
0.60	1.38	1.40	1.42	1.43	1.45	1.46	1.48	1.49	1.51	1.52	1.54	1.55	1.56	1.58	1.59	1.60	1.61	1.62	1.64	1.65	1.66	1.67	1.68	1.69	1.70
0.61	1.37	1.38	1.40	1.42	1.43	1.45	1.47	1.48	1.49	1.51	1.52	1.54	1.55	1.56	1.58	1.59	1.60	1.61	1.62	1.63	1.64	1.66	1.67	1.68	1.68
0.62	1.35	1.37	1.39	1.40	1.42	1.44	1.45	1.47	1.48	1.50	1.51	1.52	1.54	1.55	1.56	1.57	1.59	1.60	1.61	1.62	1.63	1.64	1.65	1.66	1.67
0.63	1.34	1.36	1.37	1.39	1.41	1.42	1.44	1.45	1.47	1.48	1.50	1.51	1.52	1.54	1.55	1.56	1.57	1.59	1.60	1.61	1.62	1.63	1.64	1.65	1.66
0.64	1.32	1.34	1.36	1.38	1.39	1.41	1.42	1.44	1.45	1.47	1.48	1.50	1.51	1.52	1.54	1.55	1.56	1.57	1.59	1.60	1.61	1.62	1.63	1.64	1.65
0.65	1.31	1.33	1.35	1.36	1.38	1.39	1.41	1.43	1.44	1.45	1.47	1.48	1.50	1.51	1.52	1.54	1.55	1.56	1.57	1.58	1.60	1.61	1.62	1.63	1.64
0.66	1.30	1.31	1.33	1.35	1.36	1.38	1.40	1.41	1.43	1.44	1.46	1.47	1.48	1.50	1.51	1.52	1.54	1.55	1.56	1.57	1.58	1.59	1.61	1.62	1.63
0.67	1.28	1.30	1.32	1.33	1.35	1.37	1.38	1.40	1.41	1.43	1.44	1.46	1.47	1.48	1.50	1.51	1.52	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.61
0.68	1.27	1.29	1.30	1.32	1.34	1.35	1.37	1.39	1.40	1.42	1.43	1.44	1.46	1.47	1.48	1.50	1.51	1.52	1.54	1.55	1.56	1.57	1.58	1.59	1.60
0.69	1.26	1.27	1.29	1.31	1.32	1.34	1.36	1.37	1.39	1.40	1.42	1.43	1.45	1.46	1.47	1.49	1.50	1.51	1.52	1.54	1.55	1.56	1.57	1.58	1.59
0.70	1.24	1.26	1.28	1.30	1.31	1.33	1.34	1.36	1.37	1.39	1.40	1.42	1.43	1.45	1.46	1.47	1.49	1.50	1.51	1.52	1.54	1.55	1.56	1.57	1.58
0.71	1.23	1.25	1.27	1.28	1.30	1.32	1.33	1.35	1.36	1.38	1.39	1.41	1.42	1.43	1.45	1.46	1.47	1.49	1.50	1.51	1.52	1.53	1.55	1.56	1.57
0.72	1.22	1.24	1.25	1.27	1.29	1.30	1.32	1.33	1.35	1.36	1.38	1.39	1.41	1.42	1.44	1.45	1.46	1.47	1.49	1.50	1.51	1.52	1.53	1.55	1.56
0.73	1.21	1.22	1.24	1.26	1.27	1.29	1.31	1.32	1.34	1.35	1.37	1.38	1.40	1.41	1.42	1.44	1.45	1.46	1.48	1.49	1.50	1.51	1.52	1.53	1.55
0.74	1.19	1.21	1.23	1.25	1.26	1.28	1.29	1.31	1.33	1.34	1.35	1.37	1.38	1.40	1.41	1.42	1.44	1.45	1.46	1.48	1.49	1.50	1.51	1.52	1.53
0.75	1.18	1.20	1.22	1.23	1.25	1.27	1.28	1.30	1.31	1.33	1.34	1.36	1.37	1.39	1.40	1.41	1.43	1.44	1.45	1.46	1.48	1.49	1.50	1.51	1.52
0.76	1.17	1.19	1.21	1.22	1.24	1.25	1.27	1.29	1.30	1.32	1.33	1.35	1.36	1.37	1.39	1.40	1.41	1.43	1.44	1.45	1.47	1.48	1.49	1.50	1.51



Horizontal Axis (0.51 – 0.75)

	0.51	0.52	0.53	0.54	0.55	0.56	0.57	0.58	0.59	0.60	0.61	0.62	0.63	0.64	0.65	0.66	0.67	0.68	0.69	0.70	0.71	0.72	0.73	0.74	0.75
0.77	1.16	1.18	1.19	1.21	1.23	1.24	1.26	1.27	1.29	1.30	1.32	1.33	1.35	1.36	1.38	1.39	1.40	1.42	1.43	1.44	1.45	1.47	1.48	1.49	1.50
0.78	1.15	1.17	1.18	1.20	1.22	1.23	1.25	1.26	1.28	1.29	1.31	1.32	1.34	1.35	1.36	1.38	1.39	1.40	1.42	1.43	1.44	1.45	1.47	1.48	1.49
0.79	1.14	1.15	1.17	1.19	1.20	1.22	1.24	1.25	1.27	1.28	1.30	1.31	1.33	1.34	1.35	1.37	1.38	1.39	1.41	1.42	1.43	1.44	1.46	1.47	1.48
0.80	1.13	1.14	1.16	1.18	1.19	1.21	1.22	1.24	1.26	1.27	1.29	1.30	1.31	1.33	1.34	1.36	1.37	1.38	1.40	1.41	1.42	1.43	1.44	1.46	1.47
0.81	1.12	1.13	1.15	1.17	1.18	1.20	1.21	1.23	1.24	1.26	1.27	1.29	1.30	1.32	1.33	1.34	1.36	1.37	1.38	1.40	1.41	1.42	1.43	1.45	1.46
0.82	1.10	1.12	1.14	1.15	1.17	1.19	1.20	1.22	1.23	1.25	1.26	1.28	1.29	1.31	1.32	1.33	1.35	1.36	1.37	1.39	1.40	1.41	1.42	1.43	1.45
0.83	1.09	1.11	1.13	1.14	1.16	1.18	1.19	1.21	1.22	1.24	1.25	1.27	1.28	1.30	1.31	1.32	1.34	1.35	1.36	1.38	1.39	1.40	1.41	1.42	1.44
0.84	1.08	1.10	1.12	1.13	1.15	1.17	1.18	1.20	1.21	1.23	1.24	1.26	1.27	1.28	1.30	1.31	1.33	1.34	1.35	1.36	1.38	1.39	1.40	1.41	1.43
0.85	1.07	1.09	1.11	1.12	1.14	1.16	1.17	1.19	1.20	1.22	1.23	1.25	1.26	1.27	1.29	1.30	1.31	1.33	1.34	1.35	1.37	1.38	1.39	1.40	1.42
0.86	1.06	1.08	1.10	1.11	1.13	1.14	1.16	1.18	1.19	1.21	1.22	1.23	1.25	1.26	1.28	1.29	1.30	1.32	1.33	1.34	1.36	1.37	1.38	1.39	1.40
0.87	1.05	1.07	1.09	1.10	1.12	1.13	1.15	1.17	1.18	1.20	1.21	1.22	1.24	1.25	1.27	1.28	1.29	1.31	1.32	1.33	1.35	1.36	1.37	1.38	1.39
0.88	1.04	1.06	1.08	1.09	1.11	1.12	1.14	1.16	1.17	1.19	1.20	1.21	1.23	1.24	1.26	1.27	1.28	1.30	1.31	1.32	1.34	1.35	1.36	1.37	1.38
0.89	1.04	1.05	1.07	1.08	1.10	1.12	1.13	1.15	1.16	1.18	1.19	1.20	1.22	1.23	1.25	1.26	1.27	1.29	1.30	1.31	1.33	1.34	1.35	1.36	1.37
0.90	1.03	1.04	1.06	1.07	1.09	1.11	1.12	1.14	1.15	1.17	1.18	1.19	1.21	1.22	1.24	1.25	1.26	1.28	1.29	1.30	1.32	1.33	1.34	1.35	1.36
0.91	1.02	1.03	1.05	1.06	1.08	1.10	1.11	1.13	1.14	1.16	1.17	1.18	1.20	1.21	1.23	1.24	1.25	1.27	1.28	1.29	1.31	1.32	1.33	1.34	1.35
0.92	1.01	1.02	1.04	1.06	1.07	1.09	1.10	1.12	1.13	1.15	1.16	1.18	1.19	1.20	1.22	1.23	1.24	1.26	1.27	1.28	1.30	1.31	1.32	1.33	1.34
0.93	1.00	1.01	1.03	1.05	1.06	1.08	1.09	1.11	1.12	1.14	1.15	1.17	1.18	1.19	1.21	1.22	1.23	1.25	1.26	1.27	1.29	1.30	1.31	1.32	1.34
0.94	0.99	1.01	1.02	1.04	1.05	1.07	1.08	1.10	1.11	1.13	1.14	1.16	1.17	1.18	1.20	1.21	1.22	1.24	1.25	1.26	1.28	1.29	1.30	1.31	1.33
0.95	0.98	1.00	1.01	1.03	1.04	1.06	1.07	1.09	1.10	1.12	1.13	1.15	1.16	1.17	1.19	1.20	1.22	1.23	1.24	1.25	1.27	1.28	1.29	1.30	1.32
0.96	0.97	0.99	1.00	1.02	1.03	1.05	1.07	1.08	1.09	1.11	1.12	1.14	1.15	1.17	1.18	1.19	1.21	1.22	1.23	1.25	1.26	1.27	1.28	1.29	1.31
0.97	0.96	0.98	1.00	1.01	1.03	1.04	1.06	1.07	1.09	1.10	1.11	1.13	1.14	1.16	1.17	1.18	1.20	1.21	1.22	1.24	1.25	1.26	1.27	1.29	1.30
0.98	0.96	0.97	0.99	1.00	1.02	1.03	1.05	1.06	1.08	1.09	1.11	1.12	1.13	1.15	1.16	1.17	1.19	1.20	1.21	1.23	1.24	1.25	1.26	1.28	1.29
0.99	0.95	0.96	0.98	0.99	1.01	1.02	1.04	1.05	1.07	1.08	1.10	1.11	1.12	1.14	1.15	1.17	1.18	1.19	1.20	1.22	1.23	1.24	1.26	1.27	1.28
1.00	0.94	0.96	0.97	0.99	1.00	1.02	1.03	1.05	1.06	1.07	1.09	1.10	1.12	1.13	1.14	1.16	1.17	1.18	1.20	1.21	1.22	1.23	1.25	1.26	1.27

Horizontal Axis (0.76 – 1.00)

0.76	0.77	0.78	0.79	0.80	0.81	0.82	0.83	0.84	0.85	0.86	0.87	0.88	0.89	0.90	0.91	0.92	0.93	0.94	0.95	0.96	0.97	0.98	0.99	1.00
------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------



Horizontal Axis (0.76 – 1.00)

	0.76	0.77	0.78	0.79	0.80	0.81	0.82	0.83	0.84	0.85	0.86	0.87	0.88	0.89	0.90	0.91	0.92	0.93	0.94	0.95	0.96	0.97	0.98	0.99	1.00
0.30	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99
0.31	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99
0.32	1.97	1.97	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99
0.33	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99
0.34	1.95	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99	1.99	1.99	1.99
0.35	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.99	1.99	1.99
0.36	1.94	1.95	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98
0.37	1.94	1.94	1.94	1.94	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98	1.98	1.98	1.98
0.38	1.93	1.93	1.94	1.94	1.94	1.94	1.95	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.98	1.98	1.98	1.98
0.39	1.92	1.92	1.93	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.97	1.98	1.98
0.40	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97	1.97	1.97
0.41	1.90	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.96	1.97	1.97	1.97	1.97
0.42	1.90	1.90	1.90	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95	1.95	1.96	1.96	1.96	1.96	1.96	1.96	1.97
0.43	1.89	1.89	1.90	1.90	1.91	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.94	1.94	1.94	1.95	1.95	1.95	1.95	1.95	1.96	1.96	1.96	1.96
0.44	1.88	1.88	1.89	1.89	1.90	1.90	1.91	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.94	1.94	1.94	1.94	1.95	1.95	1.95	1.95	1.96	1.96
0.45	1.87	1.87	1.88	1.88	1.89	1.89	1.90	1.90	1.91	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.94	1.94	1.94	1.94	1.95	1.95	1.95	1.95
0.46	1.86	1.86	1.87	1.88	1.88	1.89	1.89	1.89	1.90	1.90	1.91	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.94	1.94	1.94	1.94	1.95	1.95
0.47	1.85	1.85	1.86	1.87	1.87	1.88	1.88	1.89	1.89	1.90	1.90	1.90	1.91	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.94	1.94	1.94	1.94
0.48	1.84	1.84	1.85	1.86	1.86	1.87	1.87	1.88	1.88	1.89	1.89	1.90	1.90	1.90	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.93	1.94	1.94
0.49	1.83	1.83	1.84	1.85	1.85	1.86	1.86	1.87	1.87	1.88	1.88	1.89	1.89	1.90	1.90	1.90	1.91	1.91	1.92	1.92	1.92	1.93	1.93	1.93	1.93
0.50	1.82	1.82	1.83	1.84	1.84	1.85	1.85	1.86	1.87	1.87	1.88	1.88	1.89	1.89	1.89	1.90	1.90	1.91	1.91	1.91	1.92	1.92	1.92	1.93	1.93
0.51	1.81	1.81	1.82	1.83	1.83	1.84	1.85	1.85	1.86	1.86	1.87	1.87	1.88	1.88	1.89	1.89	1.89	1.90	1.90	1.91	1.91	1.91	1.92	1.92	1.92
0.52	1.80	1.80	1.81	1.82	1.82	1.83	1.84	1.84	1.85	1.85	1.86	1.86	1.87	1.87	1.88	1.88	1.89	1.89	1.90	1.90	1.90	1.91	1.91	1.91	1.92
0.53	1.78	1.79	1.80	1.81	1.81	1.82	1.83	1.83	1.84	1.84	1.85	1.86	1.86	1.87	1.87	1.87	1.88	1.88	1.89	1.89	1.90	1.90	1.90	1.91	1.91
0.54	1.77	1.78	1.79	1.80	1.80	1.81	1.82	1.82	1.83	1.84	1.84	1.85	1.85	1.86	1.86	1.87	1.87	1.88	1.88	1.88	1.89	1.89	1.90	1.90	1.90
0.55	1.76	1.77	1.78	1.79	1.79	1.80	1.81	1.81	1.82	1.83	1.83	1.84	1.84	1.85	1.85	1.86	1.86	1.87	1.87	1.88	1.88	1.89	1.89	1.89	1.90
0.56	1.75	1.76	1.77	1.78	1.78	1.79	1.80	1.80	1.81	1.82	1.82	1.83	1.83	1.84	1.85	1.85	1.86	1.86	1.87	1.87	1.87	1.88	1.88	1.89	1.89
0.57	1.74	1.75	1.76	1.76	1.77	1.78	1.79	1.79	1.80	1.81	1.81	1.82	1.83	1.83	1.84	1.84	1.85	1.85	1.86	1.86	1.87	1.87	1.88	1.88	1.88
0.58	1.73	1.74	1.75	1.75	1.76	1.77	1.78	1.78	1.79	1.80	1.80	1.81	1.82	1.82	1.83	1.83	1.84	1.84	1.85	1.85	1.86	1.86	1.87	1.87	1.88

Horizontal Axis (0.76 – 1.00)

	0.76	0.77	0.78	0.79	0.80	0.81	0.82	0.83	0.84	0.85	0.86	0.87	0.88	0.89	0.90	0.91	0.92	0.93	0.94	0.95	0.96	0.97	0.98	0.99	1.00
0.59	1.72	1.73	1.73	1.74	1.75	1.76	1.77	1.77	1.78	1.79	1.79	1.80	1.81	1.81	1.82	1.83	1.83	1.84	1.84	1.85	1.85	1.86	1.86	1.87	1.87
0.60	1.71	1.71	1.72	1.73	1.74	1.75	1.76	1.76	1.77	1.78	1.78	1.79	1.80	1.80	1.81	1.82	1.82	1.83	1.83	1.84	1.84	1.85	1.85	1.86	1.86
0.61	1.69	1.70	1.71	1.72	1.73	1.74	1.75	1.75	1.76	1.77	1.77	1.78	1.79	1.79	1.80	1.81	1.81	1.82	1.82	1.83	1.84	1.84	1.85	1.85	1.85
0.62	1.68	1.69	1.70	1.71	1.72	1.73	1.73	1.74	1.75	1.76	1.77	1.77	1.78	1.79	1.79	1.80	1.80	1.81	1.82	1.82	1.83	1.83	1.84	1.84	1.85
0.63	1.67	1.68	1.69	1.70	1.71	1.72	1.72	1.73	1.74	1.75	1.76	1.76	1.77	1.78	1.78	1.79	1.80	1.80	1.81	1.81	1.82	1.82	1.83	1.83	1.84
0.64	1.66	1.67	1.68	1.69	1.70	1.71	1.71	1.72	1.73	1.74	1.75	1.75	1.76	1.77	1.77	1.78	1.79	1.79	1.80	1.80	1.81	1.82	1.82	1.83	1.83
0.65	1.65	1.66	1.67	1.68	1.69	1.69	1.70	1.71	1.72	1.73	1.74	1.74	1.75	1.76	1.76	1.77	1.78	1.78	1.79	1.80	1.80	1.81	1.81	1.82	1.82
0.66	1.64	1.65	1.66	1.67	1.67	1.68	1.69	1.70	1.71	1.72	1.73	1.73	1.74	1.75	1.75	1.76	1.77	1.77	1.78	1.79	1.79	1.80	1.80	1.81	1.82
0.67	1.62	1.64	1.64	1.65	1.66	1.67	1.68	1.69	1.70	1.71	1.71	1.72	1.73	1.74	1.74	1.75	1.76	1.77	1.77	1.78	1.78	1.79	1.80	1.80	1.81
0.68	1.61	1.62	1.63	1.64	1.65	1.66	1.67	1.68	1.69	1.70	1.70	1.71	1.72	1.73	1.74	1.74	1.75	1.76	1.76	1.77	1.78	1.78	1.79	1.79	1.80
0.69	1.60	1.61	1.62	1.63	1.64	1.65	1.66	1.67	1.68	1.69	1.69	1.70	1.71	1.72	1.73	1.73	1.74	1.75	1.75	1.76	1.77	1.77	1.78	1.79	1.79
0.70	1.59	1.60	1.61	1.62	1.63	1.64	1.65	1.66	1.67	1.68	1.68	1.69	1.70	1.71	1.72	1.72	1.73	1.74	1.74	1.75	1.76	1.76	1.77	1.78	1.78
0.71	1.58	1.59	1.60	1.61	1.62	1.63	1.64	1.65	1.66	1.67	1.67	1.68	1.69	1.70	1.71	1.71	1.72	1.73	1.74	1.74	1.75	1.76	1.76	1.77	1.77
0.72	1.57	1.58	1.59	1.60	1.61	1.62	1.63	1.64	1.65	1.66	1.66	1.67	1.68	1.69	1.70	1.70	1.71	1.72	1.73	1.73	1.74	1.75	1.75	1.76	1.77
0.73	1.56	1.57	1.58	1.59	1.60	1.61	1.62	1.63	1.64	1.64	1.65	1.66	1.67	1.68	1.69	1.69	1.70	1.71	1.72	1.72	1.73	1.74	1.74	1.75	1.76
0.74	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.62	1.63	1.63	1.64	1.65	1.66	1.67	1.68	1.69	1.69	1.70	1.71	1.71	1.72	1.73	1.74	1.74	1.75
0.75	1.53	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.62	1.62	1.63	1.64	1.65	1.66	1.67	1.68	1.68	1.69	1.70	1.71	1.71	1.72	1.73	1.73	1.74
0.76	1.52	1.53	1.54	1.56	1.57	1.58	1.59	1.60	1.60	1.61	1.62	1.63	1.64	1.65	1.66	1.67	1.67	1.68	1.69	1.70	1.70	1.71	1.72	1.72	1.73
0.77	1.51	1.52	1.53	1.54	1.55	1.57	1.58	1.58	1.59	1.60	1.61	1.62	1.63	1.64	1.65	1.66	1.66	1.67	1.68	1.69	1.69	1.70	1.71	1.72	1.72
0.78	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.62	1.63	1.64	1.65	1.65	1.66	1.67	1.68	1.69	1.69	1.70	1.71	1.71
0.79	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.62	1.63	1.64	1.65	1.65	1.66	1.67	1.68	1.68	1.69	1.70	1.71
0.80	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.62	1.63	1.64	1.64	1.65	1.66	1.67	1.67	1.68	1.69	1.70
0.81	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.62	1.63	1.63	1.64	1.65	1.66	1.67	1.67	1.68	1.69
0.82	1.46	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.62	1.62	1.63	1.64	1.65	1.66	1.66	1.67	1.68
0.83	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.62	1.62	1.63	1.64	1.65	1.66	1.66	1.67
0.84	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.61	1.62	1.63	1.64	1.65	1.65	1.66
0.85	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.61	1.61	1.62	1.63	1.64	1.65	1.65
0.86	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.60	1.61	1.62	1.63	1.64	1.64
0.87	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.60	1.60	1.61	1.62	1.63	1.64

Horizontal Axis (0.76 – 1.00)

	0.76	0.77	0.78	0.79	0.80	0.81	0.82	0.83	0.84	0.85	0.86	0.87	0.88	0.89	0.90	0.91	0.92	0.93	0.94	0.95	0.96	0.97	0.98	0.99	1.00
0.88	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.59	1.60	1.61	1.62	1.63
0.89	1.39	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.59	1.59	1.60	1.61	1.62
0.90	1.38	1.39	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.58	1.59	1.60	1.61
0.91	1.37	1.38	1.39	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.48	1.49	1.49	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.58	1.59	1.60
0.92	1.36	1.37	1.38	1.39	1.40	1.41	1.42	1.43	1.45	1.46	1.47	1.48	1.49	1.50	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.58	1.58	1.59
0.93	1.35	1.36	1.37	1.38	1.39	1.40	1.41	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.50	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.57	1.58
0.94	1.34	1.35	1.36	1.37	1.38	1.39	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.51	1.52	1.53	1.54	1.55	1.56	1.57	1.57
0.95	1.33	1.34	1.35	1.36	1.37	1.38	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.51	1.52	1.53	1.54	1.55	1.56	1.57
0.96	1.32	1.33	1.34	1.35	1.36	1.38	1.39	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.51	1.52	1.53	1.54	1.55	1.56
0.97	1.31	1.32	1.33	1.34	1.36	1.37	1.38	1.39	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.51	1.52	1.53	1.54	1.55
0.98	1.30	1.31	1.32	1.33	1.35	1.36	1.37	1.38	1.39	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.51	1.52	1.53	1.54
0.99	1.29	1.30	1.31	1.33	1.34	1.35	1.36	1.37	1.38	1.39	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.51	1.52	1.53
1.00	1.28	1.29	1.31	1.32	1.33	1.34	1.35	1.36	1.37	1.38	1.39	1.40	1.41	1.42	1.43	1.44	1.45	1.46	1.47	1.48	1.49	1.50	1.51	1.51	1.52

**Table III.  
Negative IS(i) – Score Values for Lookup**

		Horizontal Axis (0.01 – 0.20)																			
		0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19	0.20
Vertical Axis	0.01	-1.52	-1.93	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
	0.02	-0.92	-1.52	-1.81	-1.93	-1.97	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
	0.03	-0.64	-1.17	-1.52	-1.74	-1.86	-1.93	-1.96	-1.98	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
	0.04	-0.49	-0.92	-1.27	-1.52	-1.70	-1.81	-1.88	-1.93	-1.96	-1.97	-1.98	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
	0.05	-0.39	-0.76	-1.07	-1.33	-1.52	-1.67	-1.77	-1.84	-1.89	-1.93	-1.95	-1.97	-1.98	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00
	0.06	-0.33	-0.64	-0.92	-1.17	-1.36	-1.52	-1.65	-1.74	-1.81	-1.86	-1.90	-1.93	-1.95	-1.96	-1.97	-1.98	-1.99	-1.99	-1.99	-1.99
	0.07	-0.28	-0.56	-0.81	-1.03	-1.23	-1.39	-1.52	-1.63	-1.72	-1.78	-1.83	-1.87	-1.90	-1.93	-1.95	-1.96	-1.97	-1.98	-1.98	-1.99
	0.08	-0.25	-0.49	-0.72	-0.92	-1.11	-1.27	-1.41	-1.52	-1.62	-1.70	-1.76	-1.81	-1.85	-1.88	-1.91	-1.93	-1.94	-1.96	-1.97	-1.97
	0.09	-0.22	-0.44	-0.64	-0.83	-1.01	-1.17	-1.30	-1.42	-1.52	-1.61	-1.68	-1.74	-1.79	-1.83	-1.86	-1.89	-1.91	-1.93	-1.94	-1.95
	0.10	-0.20	-0.39	-0.58	-0.76	-0.92	-1.07	-1.21	-1.33	-1.43	-1.52	-1.60	-1.67	-1.72	-1.77	-1.81	-1.84	-1.87	-1.89	-1.91	-1.93
	0.11	-0.18	-0.36	-0.53	-0.70	-0.85	-0.99	-1.12	-1.24	-1.35	-1.44	-1.52	-1.59	-1.66	-1.71	-1.75	-1.79	-1.83	-1.85	-1.88	-1.90
	0.12	-0.17	-0.33	-0.49	-0.64	-0.79	-0.92	-1.05	-1.17	-1.27	-1.36	-1.45	-1.52	-1.59	-1.65	-1.70	-1.74	-1.78	-1.81	-1.84	-1.86
	0.13	-0.15	-0.31	-0.45	-0.60	-0.73	-0.86	-0.98	-1.10	-1.20	-1.29	-1.38	-1.45	-1.52	-1.58	-1.64	-1.69	-1.73	-1.76	-1.80	-1.82
	0.14	-0.14	-0.28	-0.42	-0.56	-0.69	-0.81	-0.92	-1.03	-1.13	-1.23	-1.31	-1.39	-1.46	-1.52	-1.58	-1.63	-1.68	-1.72	-1.75	-1.78
	0.15	-0.13	-0.27	-0.39	-0.52	-0.64	-0.76	-0.87	-0.98	-1.07	-1.17	-1.25	-1.33	-1.40	-1.46	-1.52	-1.58	-1.62	-1.67	-1.71	-1.74
	0.16	-0.12	-0.25	-0.37	-0.49	-0.61	-0.72	-0.82	-0.92	-1.02	-1.11	-1.19	-1.27	-1.34	-1.41	-1.47	-1.52	-1.57	-1.62	-1.66	-1.70
	0.17	-0.12	-0.23	-0.35	-0.46	-0.57	-0.68	-0.78	-0.88	-0.97	-1.06	-1.14	-1.22	-1.29	-1.35	-1.42	-1.47	-1.52	-1.57	-1.61	-1.65
	0.18	-0.11	-0.22	-0.33	-0.44	-0.54	-0.64	-0.74	-0.83	-0.92	-1.01	-1.09	-1.17	-1.24	-1.30	-1.36	-1.42	-1.47	-1.52	-1.57	-1.61
	0.19	-0.11	-0.21	-0.31	-0.41	-0.51	-0.61	-0.71	-0.80	-0.88	-0.97	-1.04	-1.12	-1.19	-1.25	-1.32	-1.37	-1.43	-1.48	-1.52	-1.57
	0.20	-0.10	-0.20	-0.30	-0.39	-0.49	-0.58	-0.67	-0.76	-0.84	-0.92	-1.00	-1.07	-1.14	-1.21	-1.27	-1.33	-1.38	-1.43	-1.48	-1.52
	0.21	-0.10	-0.19	-0.28	-0.38	-0.47	-0.56	-0.64	-0.73	-0.81	-0.89	-0.96	-1.03	-1.10	-1.17	-1.23	-1.28	-1.34	-1.39	-1.44	-1.48
	0.22	-0.09	-0.18	-0.27	-0.36	-0.45	-0.53	-0.62	-0.70	-0.78	-0.85	-0.92	-0.99	-1.06	-1.12	-1.19	-1.24	-1.30	-1.35	-1.40	-1.44
	0.23	-0.09	-0.17	-0.26	-0.34	-0.43	-0.51	-0.59	-0.67	-0.74	-0.82	-0.89	-0.96	-1.02	-1.09	-1.15	-1.20	-1.26	-1.31	-1.36	-1.40
	0.24	-0.08	-0.17	-0.25	-0.33	-0.41	-0.49	-0.57	-0.64	-0.72	-0.79	-0.86	-0.92	-0.99	-1.05	-1.11	-1.17	-1.22	-1.27	-1.32	-1.36
	0.25	-0.08	-0.16	-0.24	-0.32	-0.39	-0.47	-0.55	-0.62	-0.69	-0.76	-0.83	-0.89	-0.96	-1.02	-1.07	-1.13	-1.18	-1.23	-1.28	-1.33

Horizontal Axis (0.01 – 0.20)

	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19	0.20
0.26	-0.08	-0.15	-0.23	-0.31	-0.38	-0.45	-0.53	-0.60	-0.67	-0.73	-0.80	-0.86	-0.92	-0.98	-1.04	-1.10	-1.15	-1.20	-1.25	-1.29
0.27	-0.07	-0.15	-0.22	-0.29	-0.37	-0.44	-0.51	-0.58	-0.64	-0.71	-0.77	-0.83	-0.89	-0.95	-1.01	-1.06	-1.12	-1.17	-1.21	-1.26
0.28	-0.07	-0.14	-0.21	-0.28	-0.35	-0.42	-0.49	-0.56	-0.62	-0.69	-0.75	-0.81	-0.87	-0.92	-0.98	-1.03	-1.08	-1.13	-1.18	-1.23
0.29	-0.07	-0.14	-0.21	-0.27	-0.34	-0.41	-0.47	-0.54	-0.60	-0.66	-0.72	-0.78	-0.84	-0.90	-0.95	-1.00	-1.05	-1.10	-1.15	-1.20
0.30	-0.07	-0.13	-0.20	-0.27	-0.33	-0.39	-0.46	-0.52	-0.58	-0.64	-0.70	-0.76	-0.82	-0.87	-0.92	-0.98	-1.03	-1.07	-1.12	-1.17
0.31	-0.06	-0.13	-0.19	-0.26	-0.32	-0.38	-0.44	-0.50	-0.56	-0.62	-0.68	-0.74	-0.79	-0.85	-0.90	-0.95	-1.00	-1.05	-1.09	-1.14
0.32	-0.06	-0.12	-0.19	-0.25	-0.31	-0.37	-0.43	-0.49	-0.55	-0.61	-0.66	-0.72	-0.77	-0.82	-0.87	-0.92	-0.97	-1.02	-1.07	-1.11
0.33	-0.06	-0.12	-0.18	-0.24	-0.30	-0.36	-0.42	-0.48	-0.53	-0.59	-0.64	-0.70	-0.75	-0.80	-0.85	-0.90	-0.95	-0.99	-1.04	-1.08
0.34	-0.06	-0.12	-0.18	-0.23	-0.29	-0.35	-0.41	-0.46	-0.52	-0.57	-0.63	-0.68	-0.73	-0.78	-0.83	-0.88	-0.92	-0.97	-1.01	-1.06
0.35	-0.06	-0.11	-0.17	-0.23	-0.28	-0.34	-0.39	-0.45	-0.50	-0.56	-0.61	-0.66	-0.71	-0.76	-0.81	-0.86	-0.90	-0.95	-0.99	-1.03
0.36	-0.06	-0.11	-0.17	-0.22	-0.28	-0.33	-0.38	-0.44	-0.49	-0.54	-0.59	-0.64	-0.69	-0.74	-0.79	-0.83	-0.88	-0.92	-0.97	-1.01
0.37	-0.05	-0.11	-0.16	-0.22	-0.27	-0.32	-0.37	-0.43	-0.48	-0.53	-0.58	-0.63	-0.68	-0.72	-0.77	-0.81	-0.86	-0.90	-0.95	-0.99
0.38	-0.05	-0.11	-0.16	-0.21	-0.26	-0.31	-0.36	-0.41	-0.47	-0.51	-0.56	-0.61	-0.66	-0.71	-0.75	-0.80	-0.84	-0.88	-0.92	-0.97
0.39	-0.05	-0.10	-0.15	-0.20	-0.26	-0.31	-0.36	-0.40	-0.45	-0.50	-0.55	-0.60	-0.64	-0.69	-0.73	-0.78	-0.82	-0.86	-0.90	-0.94
0.40	-0.05	-0.10	-0.15	-0.20	-0.25	-0.30	-0.35	-0.39	-0.44	-0.49	-0.54	-0.58	-0.63	-0.67	-0.72	-0.76	-0.80	-0.84	-0.88	-0.92
0.41	-0.05	-0.10	-0.15	-0.19	-0.24	-0.29	-0.34	-0.39	-0.43	-0.48	-0.52	-0.57	-0.61	-0.66	-0.70	-0.74	-0.78	-0.83	-0.87	-0.90
0.42	-0.05	-0.10	-0.14	-0.19	-0.24	-0.28	-0.33	-0.38	-0.42	-0.47	-0.51	-0.56	-0.60	-0.64	-0.69	-0.73	-0.77	-0.81	-0.85	-0.89
0.43	-0.05	-0.09	-0.14	-0.19	-0.23	-0.28	-0.32	-0.37	-0.41	-0.46	-0.50	-0.54	-0.59	-0.63	-0.67	-0.71	-0.75	-0.79	-0.83	-0.87
0.44	-0.05	-0.09	-0.14	-0.18	-0.23	-0.27	-0.32	-0.36	-0.40	-0.45	-0.49	-0.53	-0.57	-0.62	-0.66	-0.70	-0.74	-0.78	-0.81	-0.85
0.45	-0.04	-0.09	-0.13	-0.18	-0.22	-0.27	-0.31	-0.35	-0.39	-0.44	-0.48	-0.52	-0.56	-0.60	-0.64	-0.68	-0.72	-0.76	-0.80	-0.83
0.46	-0.04	-0.09	-0.13	-0.17	-0.22	-0.26	-0.30	-0.34	-0.39	-0.43	-0.47	-0.51	-0.55	-0.59	-0.63	-0.67	-0.71	-0.74	-0.78	-0.82
0.47	-0.04	-0.09	-0.13	-0.17	-0.21	-0.25	-0.30	-0.34	-0.38	-0.42	-0.46	-0.50	-0.54	-0.58	-0.62	-0.66	-0.69	-0.73	-0.77	-0.80
0.48	-0.04	-0.08	-0.12	-0.17	-0.21	-0.25	-0.29	-0.33	-0.37	-0.41	-0.45	-0.49	-0.53	-0.57	-0.61	-0.64	-0.68	-0.72	-0.75	-0.79
0.49	-0.04	-0.08	-0.12	-0.16	-0.20	-0.24	-0.28	-0.32	-0.36	-0.40	-0.44	-0.48	-0.52	-0.56	-0.59	-0.63	-0.67	-0.70	-0.74	-0.77
0.50	-0.04	-0.08	-0.12	-0.16	-0.20	-0.24	-0.28	-0.32	-0.36	-0.39	-0.43	-0.47	-0.51	-0.55	-0.58	-0.62	-0.65	-0.69	-0.73	-0.76
0.51	-0.04	-0.08	-0.12	-0.16	-0.20	-0.23	-0.27	-0.31	-0.35	-0.39	-0.42	-0.46	-0.50	-0.54	-0.57	-0.61	-0.64	-0.68	-0.71	-0.75
0.52	-0.04	-0.08	-0.12	-0.15	-0.19	-0.23	-0.27	-0.31	-0.34	-0.38	-0.42	-0.45	-0.49	-0.53	-0.56	-0.60	-0.63	-0.67	-0.70	-0.73
0.53	-0.04	-0.08	-0.11	-0.15	-0.19	-0.23	-0.26	-0.30	-0.34	-0.37	-0.41	-0.45	-0.48	-0.52	-0.55	-0.59	-0.62	-0.65	-0.69	-0.72
0.54	-0.04	-0.07	-0.11	-0.15	-0.18	-0.22	-0.26	-0.29	-0.33	-0.37	-0.40	-0.44	-0.47	-0.51	-0.54	-0.58	-0.61	-0.64	-0.68	-0.71

Horizontal Axis (0.01 – 0.20)

	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19	0.20
0.55	-0.04	-0.07	-0.11	-0.15	-0.18	-0.22	-0.25	-0.29	-0.32	-0.36	-0.39	-0.43	-0.46	-0.50	-0.53	-0.57	-0.60	-0.63	-0.66	-0.70
0.56	-0.04	-0.07	-0.11	-0.14	-0.18	-0.21	-0.25	-0.28	-0.32	-0.35	-0.39	-0.42	-0.46	-0.49	-0.52	-0.56	-0.59	-0.62	-0.65	-0.69
0.57	-0.04	-0.07	-0.11	-0.14	-0.17	-0.21	-0.24	-0.28	-0.31	-0.35	-0.38	-0.41	-0.45	-0.48	-0.51	-0.55	-0.58	-0.61	-0.64	-0.67
0.58	-0.03	-0.07	-0.10	-0.14	-0.17	-0.21	-0.24	-0.27	-0.31	-0.34	-0.37	-0.41	-0.44	-0.47	-0.51	-0.54	-0.57	-0.60	-0.63	-0.66
0.59	-0.03	-0.07	-0.10	-0.14	-0.17	-0.20	-0.24	-0.27	-0.30	-0.34	-0.37	-0.40	-0.43	-0.47	-0.50	-0.53	-0.56	-0.59	-0.62	-0.65
0.60	-0.03	-0.07	-0.10	-0.13	-0.17	-0.20	-0.23	-0.27	-0.30	-0.33	-0.36	-0.39	-0.43	-0.46	-0.49	-0.52	-0.55	-0.58	-0.61	-0.64
0.61	-0.03	-0.07	-0.10	-0.13	-0.16	-0.20	-0.23	-0.26	-0.29	-0.32	-0.36	-0.39	-0.42	-0.45	-0.48	-0.51	-0.54	-0.57	-0.60	-0.63
0.62	-0.03	-0.06	-0.10	-0.13	-0.16	-0.19	-0.22	-0.26	-0.29	-0.32	-0.35	-0.38	-0.41	-0.44	-0.47	-0.50	-0.54	-0.56	-0.59	-0.62
0.63	-0.03	-0.06	-0.10	-0.13	-0.16	-0.19	-0.22	-0.25	-0.28	-0.31	-0.35	-0.38	-0.41	-0.44	-0.47	-0.50	-0.53	-0.56	-0.59	-0.61
0.64	-0.03	-0.06	-0.09	-0.12	-0.16	-0.19	-0.22	-0.25	-0.28	-0.31	-0.34	-0.37	-0.40	-0.43	-0.46	-0.49	-0.52	-0.55	-0.58	-0.61
0.65	-0.03	-0.06	-0.09	-0.12	-0.15	-0.18	-0.21	-0.24	-0.28	-0.31	-0.34	-0.37	-0.39	-0.42	-0.45	-0.48	-0.51	-0.54	-0.57	-0.60
0.66	-0.03	-0.06	-0.09	-0.12	-0.15	-0.18	-0.21	-0.24	-0.27	-0.30	-0.33	-0.36	-0.39	-0.42	-0.45	-0.48	-0.50	-0.53	-0.56	-0.59
0.67	-0.03	-0.06	-0.09	-0.12	-0.15	-0.18	-0.21	-0.24	-0.27	-0.30	-0.33	-0.35	-0.38	-0.41	-0.44	-0.47	-0.50	-0.52	-0.55	-0.58
0.68	-0.03	-0.06	-0.09	-0.12	-0.15	-0.18	-0.21	-0.23	-0.26	-0.29	-0.32	-0.35	-0.38	-0.41	-0.43	-0.46	-0.49	-0.52	-0.54	-0.57
0.69	-0.03	-0.06	-0.09	-0.12	-0.14	-0.17	-0.20	-0.23	-0.26	-0.29	-0.32	-0.34	-0.37	-0.40	-0.43	-0.46	-0.48	-0.51	-0.54	-0.56
0.70	-0.03	-0.06	-0.09	-0.11	-0.14	-0.17	-0.20	-0.23	-0.26	-0.28	-0.31	-0.34	-0.37	-0.39	-0.42	-0.45	-0.48	-0.50	-0.53	-0.56
0.71	-0.03	-0.06	-0.08	-0.11	-0.14	-0.17	-0.20	-0.22	-0.25	-0.28	-0.31	-0.33	-0.36	-0.39	-0.42	-0.44	-0.47	-0.50	-0.52	-0.55
0.72	-0.03	-0.06	-0.08	-0.11	-0.14	-0.17	-0.19	-0.22	-0.25	-0.28	-0.30	-0.33	-0.36	-0.38	-0.41	-0.44	-0.46	-0.49	-0.52	-0.54
0.73	-0.03	-0.05	-0.08	-0.11	-0.14	-0.16	-0.19	-0.22	-0.25	-0.27	-0.30	-0.33	-0.35	-0.38	-0.41	-0.43	-0.46	-0.48	-0.51	-0.53
0.74	-0.03	-0.05	-0.08	-0.11	-0.13	-0.16	-0.19	-0.22	-0.24	-0.27	-0.30	-0.32	-0.35	-0.37	-0.40	-0.43	-0.45	-0.48	-0.50	-0.53
0.75	-0.03	-0.05	-0.08	-0.11	-0.13	-0.16	-0.19	-0.21	-0.24	-0.27	-0.29	-0.32	-0.34	-0.37	-0.39	-0.42	-0.45	-0.47	-0.50	-0.52
0.76	-0.03	-0.05	-0.08	-0.11	-0.13	-0.16	-0.18	-0.21	-0.24	-0.26	-0.29	-0.31	-0.34	-0.36	-0.39	-0.41	-0.44	-0.47	-0.49	-0.51
0.77	-0.03	-0.05	-0.08	-0.10	-0.13	-0.16	-0.18	-0.21	-0.23	-0.26	-0.28	-0.31	-0.33	-0.36	-0.38	-0.41	-0.43	-0.46	-0.48	-0.51
0.78	-0.03	-0.05	-0.08	-0.10	-0.13	-0.15	-0.18	-0.20	-0.23	-0.26	-0.28	-0.31	-0.33	-0.36	-0.38	-0.40	-0.43	-0.45	-0.48	-0.50
0.79	-0.03	-0.05	-0.08	-0.10	-0.13	-0.15	-0.18	-0.20	-0.23	-0.25	-0.28	-0.30	-0.33	-0.35	-0.38	-0.40	-0.42	-0.45	-0.47	-0.50
0.80	-0.02	-0.05	-0.07	-0.10	-0.12	-0.15	-0.17	-0.20	-0.22	-0.25	-0.27	-0.30	-0.32	-0.35	-0.37	-0.39	-0.42	-0.44	-0.47	-0.49
0.81	-0.02	-0.05	-0.07	-0.10	-0.12	-0.15	-0.17	-0.20	-0.22	-0.25	-0.27	-0.29	-0.32	-0.34	-0.37	-0.39	-0.41	-0.44	-0.46	-0.48
0.82	-0.02	-0.05	-0.07	-0.10	-0.12	-0.15	-0.17	-0.19	-0.22	-0.24	-0.27	-0.29	-0.31	-0.34	-0.36	-0.39	-0.41	-0.43	-0.46	-0.48
0.83	-0.02	-0.05	-0.07	-0.10	-0.12	-0.14	-0.17	-0.19	-0.22	-0.24	-0.26	-0.29	-0.31	-0.33	-0.36	-0.38	-0.40	-0.43	-0.45	-0.47



Horizontal Axis (0.01 – 0.20)

	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19	0.20
<b>0.84</b>	-0.02	-0.05	-0.07	-0.10	-0.12	-0.14	-0.17	-0.19	-0.21	-0.24	-0.26	-0.28	-0.31	-0.33	-0.35	-0.38	-0.40	-0.42	-0.44	-0.47
<b>0.85</b>	-0.02	-0.05	-0.07	-0.09	-0.12	-0.14	-0.16	-0.19	-0.21	-0.23	-0.26	-0.28	-0.30	-0.33	-0.35	-0.37	-0.39	-0.42	-0.44	-0.46
<b>0.86</b>	-0.02	-0.05	-0.07	-0.09	-0.12	-0.14	-0.16	-0.19	-0.21	-0.23	-0.25	-0.28	-0.30	-0.32	-0.35	-0.37	-0.39	-0.41	-0.43	-0.46
<b>0.87</b>	-0.02	-0.05	-0.07	-0.09	-0.11	-0.14	-0.16	-0.18	-0.21	-0.23	-0.25	-0.27	-0.30	-0.32	-0.34	-0.36	-0.39	-0.41	-0.43	-0.45
<b>0.88</b>	-0.02	-0.05	-0.07	-0.09	-0.11	-0.14	-0.16	-0.18	-0.20	-0.23	-0.25	-0.27	-0.29	-0.32	-0.34	-0.36	-0.38	-0.40	-0.43	-0.45
<b>0.89</b>	-0.02	-0.04	-0.07	-0.09	-0.11	-0.13	-0.16	-0.18	-0.20	-0.22	-0.25	-0.27	-0.29	-0.31	-0.33	-0.36	-0.38	-0.40	-0.42	-0.44
<b>0.90</b>	-0.02	-0.04	-0.07	-0.09	-0.11	-0.13	-0.16	-0.18	-0.20	-0.22	-0.24	-0.27	-0.29	-0.31	-0.33	-0.35	-0.37	-0.39	-0.42	-0.44
<b>0.91</b>	-0.02	-0.04	-0.07	-0.09	-0.11	-0.13	-0.15	-0.18	-0.20	-0.22	-0.24	-0.26	-0.28	-0.31	-0.33	-0.35	-0.37	-0.39	-0.41	-0.43
<b>0.92</b>	-0.02	-0.04	-0.07	-0.09	-0.11	-0.13	-0.15	-0.17	-0.20	-0.22	-0.24	-0.26	-0.28	-0.30	-0.32	-0.34	-0.37	-0.39	-0.41	-0.43
<b>0.93</b>	-0.02	-0.04	-0.06	-0.09	-0.11	-0.13	-0.15	-0.17	-0.19	-0.21	-0.24	-0.26	-0.28	-0.30	-0.32	-0.34	-0.36	-0.38	-0.40	-0.42
<b>0.94</b>	-0.02	-0.04	-0.06	-0.09	-0.11	-0.13	-0.15	-0.17	-0.19	-0.21	-0.23	-0.25	-0.27	-0.30	-0.32	-0.34	-0.36	-0.38	-0.40	-0.42
<b>0.95</b>	-0.02	-0.04	-0.06	-0.08	-0.11	-0.13	-0.15	-0.17	-0.19	-0.21	-0.23	-0.25	-0.27	-0.29	-0.31	-0.33	-0.35	-0.37	-0.39	-0.41
<b>0.96</b>	-0.02	-0.04	-0.06	-0.08	-0.10	-0.12	-0.15	-0.17	-0.19	-0.21	-0.23	-0.25	-0.27	-0.29	-0.31	-0.33	-0.35	-0.37	-0.39	-0.41
<b>0.97</b>	-0.02	-0.04	-0.06	-0.08	-0.10	-0.12	-0.14	-0.16	-0.19	-0.21	-0.23	-0.25	-0.27	-0.29	-0.31	-0.33	-0.35	-0.37	-0.39	-0.41
<b>0.98</b>	-0.02	-0.04	-0.06	-0.08	-0.10	-0.12	-0.14	-0.16	-0.18	-0.20	-0.22	-0.24	-0.26	-0.28	-0.30	-0.32	-0.34	-0.36	-0.38	-0.40
<b>0.99</b>	-0.02	-0.04	-0.06	-0.08	-0.10	-0.12	-0.14	-0.16	-0.18	-0.20	-0.22	-0.24	-0.26	-0.28	-0.30	-0.32	-0.34	-0.36	-0.38	-0.40
<b>1.00</b>	-0.02	-0.04	-0.06	-0.08	-0.10	-0.12	-0.14	-0.16	-0.18	-0.20	-0.22	-0.24	-0.26	-0.28	-0.30	-0.32	-0.34	-0.36	-0.38	-0.39

Horizontal Axis (0.21 – 0.40)

	0.21	0.22	0.23	0.24	0.25	0.26	0.27	0.28	0.29	0.30	0.31	0.32	0.33	0.34	0.35	0.36	0.37	0.38	0.39	0.40
<b>0.01</b>	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
<b>0.02</b>	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
<b>0.03</b>	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
<b>0.04</b>	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
<b>0.05</b>	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
<b>0.06</b>	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
<b>0.07</b>	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
<b>0.08</b>	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00

Horizontal Axis (0.21 – 0.40)

	0.21	0.22	0.23	0.24	0.25	0.26	0.27	0.28	0.29	0.30	0.31	0.32	0.33	0.34	0.35	0.36	0.37	0.38	0.39	0.40
0.09	-1.96	-1.97	-1.98	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.10	-1.94	-1.95	-1.96	-1.97	-1.97	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.11	-1.91	-1.93	-1.94	-1.95	-1.96	-1.96	-1.97	-1.98	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00
0.12	-1.88	-1.90	-1.92	-1.93	-1.94	-1.95	-1.96	-1.96	-1.97	-1.97	-1.98	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99
0.13	-1.85	-1.87	-1.89	-1.90	-1.92	-1.93	-1.94	-1.95	-1.95	-1.96	-1.97	-1.97	-1.98	-1.98	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99
0.14	-1.81	-1.83	-1.86	-1.87	-1.89	-1.90	-1.92	-1.93	-1.94	-1.95	-1.95	-1.96	-1.96	-1.97	-1.97	-1.98	-1.98	-1.98	-1.98	-1.99
0.15	-1.77	-1.80	-1.82	-1.84	-1.86	-1.88	-1.89	-1.91	-1.92	-1.93	-1.94	-1.94	-1.95	-1.96	-1.96	-1.97	-1.97	-1.97	-1.98	-1.98
0.16	-1.73	-1.76	-1.79	-1.81	-1.83	-1.85	-1.87	-1.88	-1.90	-1.91	-1.92	-1.93	-1.94	-1.94	-1.95	-1.96	-1.96	-1.97	-1.97	-1.97
0.17	-1.69	-1.72	-1.75	-1.78	-1.80	-1.82	-1.84	-1.86	-1.87	-1.89	-1.90	-1.91	-1.92	-1.93	-1.94	-1.94	-1.95	-1.95	-1.96	-1.96
0.18	-1.65	-1.68	-1.71	-1.74	-1.77	-1.79	-1.81	-1.83	-1.85	-1.86	-1.88	-1.89	-1.90	-1.91	-1.92	-1.93	-1.94	-1.94	-1.95	-1.95
0.19	-1.60	-1.64	-1.67	-1.70	-1.73	-1.76	-1.78	-1.80	-1.82	-1.84	-1.85	-1.87	-1.88	-1.89	-1.90	-1.91	-1.92	-1.93	-1.94	-1.94
0.20	-1.56	-1.60	-1.64	-1.67	-1.70	-1.72	-1.75	-1.77	-1.79	-1.81	-1.83	-1.84	-1.86	-1.87	-1.88	-1.89	-1.90	-1.91	-1.92	-1.93
0.21	-1.52	-1.56	-1.60	-1.63	-1.66	-1.69	-1.72	-1.74	-1.76	-1.78	-1.80	-1.82	-1.83	-1.85	-1.86	-1.87	-1.89	-1.90	-1.90	-1.91
0.22	-1.48	-1.52	-1.56	-1.59	-1.63	-1.66	-1.68	-1.71	-1.73	-1.75	-1.77	-1.79	-1.81	-1.83	-1.84	-1.85	-1.87	-1.88	-1.89	-1.90
0.23	-1.45	-1.49	-1.52	-1.56	-1.59	-1.62	-1.65	-1.68	-1.70	-1.73	-1.75	-1.77	-1.79	-1.80	-1.82	-1.83	-1.85	-1.86	-1.87	-1.88
0.24	-1.41	-1.45	-1.49	-1.52	-1.56	-1.59	-1.62	-1.65	-1.67	-1.70	-1.72	-1.74	-1.76	-1.78	-1.79	-1.81	-1.82	-1.84	-1.85	-1.86
0.25	-1.37	-1.41	-1.45	-1.49	-1.52	-1.56	-1.59	-1.62	-1.64	-1.67	-1.69	-1.71	-1.73	-1.75	-1.77	-1.79	-1.80	-1.82	-1.83	-1.84
0.26	-1.34	-1.38	-1.42	-1.45	-1.49	-1.52	-1.55	-1.58	-1.61	-1.64	-1.66	-1.69	-1.71	-1.73	-1.75	-1.76	-1.78	-1.80	-1.81	-1.82
0.27	-1.30	-1.34	-1.38	-1.42	-1.46	-1.49	-1.52	-1.55	-1.58	-1.61	-1.63	-1.66	-1.68	-1.70	-1.72	-1.74	-1.76	-1.77	-1.79	-1.80
0.28	-1.27	-1.31	-1.35	-1.39	-1.43	-1.46	-1.49	-1.52	-1.55	-1.58	-1.61	-1.63	-1.65	-1.68	-1.70	-1.72	-1.73	-1.75	-1.77	-1.78
0.29	-1.24	-1.28	-1.32	-1.36	-1.39	-1.43	-1.46	-1.49	-1.52	-1.55	-1.58	-1.60	-1.63	-1.65	-1.67	-1.69	-1.71	-1.73	-1.75	-1.76
0.30	-1.21	-1.25	-1.29	-1.33	-1.36	-1.40	-1.43	-1.46	-1.49	-1.52	-1.55	-1.58	-1.60	-1.62	-1.65	-1.67	-1.69	-1.71	-1.72	-1.74
0.31	-1.18	-1.22	-1.26	-1.30	-1.34	-1.37	-1.40	-1.44	-1.47	-1.50	-1.52	-1.55	-1.57	-1.60	-1.62	-1.64	-1.66	-1.68	-1.70	-1.72
0.32	-1.15	-1.19	-1.23	-1.27	-1.31	-1.34	-1.38	-1.41	-1.44	-1.47	-1.50	-1.52	-1.55	-1.57	-1.60	-1.62	-1.64	-1.66	-1.68	-1.70
0.33	-1.12	-1.17	-1.20	-1.24	-1.28	-1.31	-1.35	-1.38	-1.41	-1.44	-1.47	-1.50	-1.52	-1.55	-1.57	-1.59	-1.62	-1.64	-1.66	-1.67
0.34	-1.10	-1.14	-1.18	-1.22	-1.25	-1.29	-1.32	-1.35	-1.39	-1.42	-1.44	-1.47	-1.50	-1.52	-1.55	-1.57	-1.59	-1.61	-1.63	-1.65
0.35	-1.07	-1.11	-1.15	-1.19	-1.23	-1.26	-1.30	-1.33	-1.36	-1.39	-1.42	-1.45	-1.47	-1.50	-1.52	-1.55	-1.57	-1.59	-1.61	-1.63
0.36	-1.05	-1.09	-1.13	-1.17	-1.20	-1.24	-1.27	-1.30	-1.33	-1.36	-1.39	-1.42	-1.45	-1.47	-1.50	-1.52	-1.55	-1.57	-1.59	-1.61
0.37	-1.03	-1.07	-1.10	-1.14	-1.18	-1.21	-1.25	-1.28	-1.31	-1.34	-1.37	-1.40	-1.42	-1.45	-1.48	-1.50	-1.52	-1.55	-1.57	-1.59

Horizontal Axis (0.21 – 0.40)

	0.21	0.22	0.23	0.24	0.25	0.26	0.27	0.28	0.29	0.30	0.31	0.32	0.33	0.34	0.35	0.36	0.37	0.38	0.39	0.40
0.38	-1.00	-1.04	-1.08	-1.12	-1.15	-1.19	-1.22	-1.25	-1.29	-1.32	-1.35	-1.37	-1.40	-1.43	-1.45	-1.48	-1.50	-1.52	-1.54	-1.57
0.39	-0.98	-1.02	-1.06	-1.10	-1.13	-1.17	-1.20	-1.23	-1.26	-1.29	-1.32	-1.35	-1.38	-1.40	-1.43	-1.45	-1.48	-1.50	-1.52	-1.54
0.40	-0.96	-1.00	-1.04	-1.07	-1.11	-1.14	-1.18	-1.21	-1.24	-1.27	-1.30	-1.33	-1.36	-1.38	-1.41	-1.43	-1.46	-1.48	-1.50	-1.52
0.41	-0.94	-0.98	-1.02	-1.05	-1.09	-1.12	-1.15	-1.19	-1.22	-1.25	-1.28	-1.31	-1.33	-1.36	-1.39	-1.41	-1.43	-1.46	-1.48	-1.50
0.42	-0.92	-0.96	-1.00	-1.03	-1.07	-1.10	-1.13	-1.17	-1.20	-1.23	-1.26	-1.28	-1.31	-1.34	-1.36	-1.39	-1.41	-1.44	-1.46	-1.48
0.43	-0.91	-0.94	-0.98	-1.01	-1.05	-1.08	-1.11	-1.14	-1.18	-1.21	-1.23	-1.26	-1.29	-1.32	-1.34	-1.37	-1.39	-1.42	-1.44	-1.46
0.44	-0.89	-0.92	-0.96	-0.99	-1.03	-1.06	-1.09	-1.12	-1.16	-1.19	-1.21	-1.24	-1.27	-1.30	-1.32	-1.35	-1.37	-1.40	-1.42	-1.44
0.45	-0.87	-0.91	-0.94	-0.98	-1.01	-1.04	-1.07	-1.11	-1.14	-1.17	-1.19	-1.22	-1.25	-1.28	-1.30	-1.33	-1.35	-1.38	-1.40	-1.42
0.46	-0.85	-0.89	-0.92	-0.96	-0.99	-1.02	-1.06	-1.09	-1.12	-1.15	-1.18	-1.20	-1.23	-1.26	-1.28	-1.31	-1.33	-1.36	-1.38	-1.40
0.47	-0.84	-0.87	-0.91	-0.94	-0.97	-1.01	-1.04	-1.07	-1.10	-1.13	-1.16	-1.18	-1.21	-1.24	-1.26	-1.29	-1.31	-1.34	-1.36	-1.38
0.48	-0.82	-0.86	-0.89	-0.92	-0.96	-0.99	-1.02	-1.05	-1.08	-1.11	-1.14	-1.17	-1.19	-1.22	-1.25	-1.27	-1.29	-1.32	-1.34	-1.36
0.49	-0.81	-0.84	-0.88	-0.91	-0.94	-0.97	-1.00	-1.03	-1.06	-1.09	-1.12	-1.15	-1.17	-1.20	-1.23	-1.25	-1.28	-1.30	-1.32	-1.35
0.50	-0.79	-0.83	-0.86	-0.89	-0.92	-0.96	-0.99	-1.02	-1.05	-1.07	-1.10	-1.13	-1.16	-1.18	-1.21	-1.23	-1.26	-1.28	-1.31	-1.33
0.51	-0.78	-0.81	-0.85	-0.88	-0.91	-0.94	-0.97	-1.00	-1.03	-1.06	-1.09	-1.11	-1.14	-1.17	-1.19	-1.22	-1.24	-1.26	-1.29	-1.31
0.52	-0.77	-0.80	-0.83	-0.86	-0.89	-0.92	-0.95	-0.98	-1.01	-1.04	-1.07	-1.10	-1.12	-1.15	-1.17	-1.20	-1.22	-1.25	-1.27	-1.29
0.53	-0.75	-0.79	-0.82	-0.85	-0.88	-0.91	-0.94	-0.97	-1.00	-1.02	-1.05	-1.08	-1.11	-1.13	-1.16	-1.18	-1.21	-1.23	-1.25	-1.28
0.54	-0.74	-0.77	-0.80	-0.83	-0.86	-0.89	-0.92	-0.95	-0.98	-1.01	-1.04	-1.06	-1.09	-1.12	-1.14	-1.17	-1.19	-1.21	-1.24	-1.26
0.55	-0.73	-0.76	-0.79	-0.82	-0.85	-0.88	-0.91	-0.94	-0.97	-0.99	-1.02	-1.05	-1.07	-1.10	-1.12	-1.15	-1.17	-1.20	-1.22	-1.24
0.56	-0.72	-0.75	-0.78	-0.81	-0.84	-0.87	-0.90	-0.92	-0.95	-0.98	-1.01	-1.03	-1.06	-1.08	-1.11	-1.13	-1.16	-1.18	-1.20	-1.23
0.57	-0.71	-0.74	-0.77	-0.80	-0.82	-0.85	-0.88	-0.91	-0.94	-0.97	-0.99	-1.02	-1.04	-1.07	-1.09	-1.12	-1.14	-1.17	-1.19	-1.21
0.58	-0.69	-0.72	-0.75	-0.78	-0.81	-0.84	-0.87	-0.90	-0.92	-0.95	-0.98	-1.00	-1.03	-1.05	-1.08	-1.10	-1.13	-1.15	-1.17	-1.20
0.59	-0.68	-0.71	-0.74	-0.77	-0.80	-0.83	-0.86	-0.88	-0.91	-0.94	-0.96	-0.99	-1.01	-1.04	-1.06	-1.09	-1.11	-1.14	-1.16	-1.18
0.60	-0.67	-0.70	-0.73	-0.76	-0.79	-0.82	-0.84	-0.87	-0.90	-0.92	-0.95	-0.98	-1.00	-1.03	-1.05	-1.07	-1.10	-1.12	-1.14	-1.17
0.61	-0.66	-0.69	-0.72	-0.75	-0.78	-0.80	-0.83	-0.86	-0.89	-0.91	-0.94	-0.96	-0.99	-1.01	-1.04	-1.06	-1.08	-1.11	-1.13	-1.15
0.62	-0.65	-0.68	-0.71	-0.74	-0.77	-0.79	-0.82	-0.85	-0.87	-0.90	-0.92	-0.95	-0.97	-1.00	-1.02	-1.05	-1.07	-1.09	-1.11	-1.14
0.63	-0.64	-0.67	-0.70	-0.73	-0.75	-0.78	-0.81	-0.83	-0.86	-0.89	-0.91	-0.94	-0.96	-0.99	-1.01	-1.03	-1.06	-1.08	-1.10	-1.12
0.64	-0.63	-0.66	-0.69	-0.72	-0.74	-0.77	-0.80	-0.82	-0.85	-0.87	-0.90	-0.92	-0.95	-0.97	-1.00	-1.02	-1.04	-1.07	-1.09	-1.11
0.65	-0.62	-0.65	-0.68	-0.71	-0.73	-0.76	-0.79	-0.81	-0.84	-0.86	-0.89	-0.91	-0.94	-0.96	-0.98	-1.01	-1.03	-1.05	-1.07	-1.10
0.66	-0.62	-0.64	-0.67	-0.70	-0.72	-0.75	-0.78	-0.80	-0.83	-0.85	-0.88	-0.90	-0.92	-0.95	-0.97	-0.99	-1.02	-1.04	-1.06	-1.08

Horizontal Axis (0.21 – 0.40)

	0.21	0.22	0.23	0.24	0.25	0.26	0.27	0.28	0.29	0.30	0.31	0.32	0.33	0.34	0.35	0.36	0.37	0.38	0.39	0.40
0.67	-0.61	-0.63	-0.66	-0.69	-0.71	-0.74	-0.77	-0.79	-0.82	-0.84	-0.86	-0.89	-0.91	-0.94	-0.96	-0.98	-1.00	-1.03	-1.05	-1.07
0.68	-0.60	-0.63	-0.65	-0.68	-0.70	-0.73	-0.75	-0.78	-0.80	-0.83	-0.85	-0.88	-0.90	-0.92	-0.95	-0.97	-0.99	-1.01	-1.04	-1.06
0.69	-0.59	-0.62	-0.64	-0.67	-0.69	-0.72	-0.74	-0.77	-0.79	-0.82	-0.84	-0.87	-0.89	-0.91	-0.94	-0.96	-0.98	-1.00	-1.02	-1.04
0.70	-0.58	-0.61	-0.63	-0.66	-0.69	-0.71	-0.74	-0.76	-0.78	-0.81	-0.83	-0.86	-0.88	-0.90	-0.92	-0.95	-0.97	-0.99	-1.01	-1.03
0.71	-0.57	-0.60	-0.63	-0.65	-0.68	-0.70	-0.73	-0.75	-0.77	-0.80	-0.82	-0.84	-0.87	-0.89	-0.91	-0.94	-0.96	-0.98	-1.00	-1.02
0.72	-0.57	-0.59	-0.62	-0.64	-0.67	-0.69	-0.72	-0.74	-0.76	-0.79	-0.81	-0.83	-0.86	-0.88	-0.90	-0.92	-0.95	-0.97	-0.99	-1.01
0.73	-0.56	-0.59	-0.61	-0.63	-0.66	-0.68	-0.71	-0.73	-0.76	-0.78	-0.80	-0.82	-0.85	-0.87	-0.89	-0.91	-0.93	-0.96	-0.98	-1.00
0.74	-0.55	-0.58	-0.60	-0.63	-0.65	-0.68	-0.70	-0.72	-0.75	-0.77	-0.79	-0.81	-0.84	-0.86	-0.88	-0.90	-0.92	-0.95	-0.97	-0.99
0.75	-0.55	-0.57	-0.59	-0.62	-0.64	-0.67	-0.69	-0.71	-0.74	-0.76	-0.78	-0.81	-0.83	-0.85	-0.87	-0.89	-0.91	-0.93	-0.96	-0.98
0.76	-0.54	-0.56	-0.59	-0.61	-0.64	-0.66	-0.68	-0.71	-0.73	-0.75	-0.77	-0.80	-0.82	-0.84	-0.86	-0.88	-0.90	-0.92	-0.94	-0.97
0.77	-0.53	-0.56	-0.58	-0.60	-0.63	-0.65	-0.67	-0.70	-0.72	-0.74	-0.76	-0.79	-0.81	-0.83	-0.85	-0.87	-0.89	-0.91	-0.93	-0.95
0.78	-0.53	-0.55	-0.57	-0.60	-0.62	-0.64	-0.67	-0.69	-0.71	-0.73	-0.76	-0.78	-0.80	-0.82	-0.84	-0.86	-0.88	-0.90	-0.92	-0.94
0.79	-0.52	-0.54	-0.57	-0.59	-0.61	-0.64	-0.66	-0.68	-0.70	-0.72	-0.75	-0.77	-0.79	-0.81	-0.83	-0.85	-0.87	-0.89	-0.91	-0.93
0.80	-0.51	-0.54	-0.56	-0.58	-0.61	-0.63	-0.65	-0.67	-0.69	-0.72	-0.74	-0.76	-0.78	-0.80	-0.82	-0.84	-0.86	-0.88	-0.90	-0.92
0.81	-0.51	-0.53	-0.55	-0.58	-0.60	-0.62	-0.64	-0.67	-0.69	-0.71	-0.73	-0.75	-0.77	-0.79	-0.81	-0.83	-0.85	-0.88	-0.89	-0.91
0.82	-0.50	-0.52	-0.55	-0.57	-0.59	-0.61	-0.64	-0.66	-0.68	-0.70	-0.72	-0.74	-0.76	-0.78	-0.81	-0.83	-0.85	-0.87	-0.89	-0.90
0.83	-0.50	-0.52	-0.54	-0.56	-0.58	-0.61	-0.63	-0.65	-0.67	-0.69	-0.71	-0.74	-0.76	-0.78	-0.80	-0.82	-0.84	-0.86	-0.88	-0.90
0.84	-0.49	-0.51	-0.53	-0.56	-0.58	-0.60	-0.62	-0.64	-0.66	-0.69	-0.71	-0.73	-0.75	-0.77	-0.79	-0.81	-0.83	-0.85	-0.87	-0.89
0.85	-0.48	-0.51	-0.53	-0.55	-0.57	-0.59	-0.61	-0.64	-0.66	-0.68	-0.70	-0.72	-0.74	-0.76	-0.78	-0.80	-0.82	-0.84	-0.86	-0.88
0.86	-0.48	-0.50	-0.52	-0.54	-0.57	-0.59	-0.61	-0.63	-0.65	-0.67	-0.69	-0.71	-0.73	-0.75	-0.77	-0.79	-0.81	-0.83	-0.85	-0.87
0.87	-0.47	-0.50	-0.52	-0.54	-0.56	-0.58	-0.60	-0.62	-0.64	-0.66	-0.68	-0.70	-0.72	-0.74	-0.76	-0.78	-0.80	-0.82	-0.84	-0.86
0.88	-0.47	-0.49	-0.51	-0.53	-0.55	-0.57	-0.60	-0.62	-0.64	-0.66	-0.68	-0.70	-0.72	-0.74	-0.76	-0.78	-0.79	-0.81	-0.83	-0.85
0.89	-0.46	-0.48	-0.51	-0.53	-0.55	-0.57	-0.59	-0.61	-0.63	-0.65	-0.67	-0.69	-0.71	-0.73	-0.75	-0.77	-0.79	-0.81	-0.82	-0.84
0.90	-0.46	-0.48	-0.50	-0.52	-0.54	-0.56	-0.58	-0.60	-0.62	-0.64	-0.66	-0.68	-0.70	-0.72	-0.74	-0.76	-0.78	-0.80	-0.82	-0.83
0.91	-0.45	-0.47	-0.49	-0.52	-0.54	-0.56	-0.58	-0.60	-0.62	-0.64	-0.66	-0.68	-0.70	-0.71	-0.73	-0.75	-0.77	-0.79	-0.81	-0.83
0.92	-0.45	-0.47	-0.49	-0.51	-0.53	-0.55	-0.57	-0.59	-0.61	-0.63	-0.65	-0.67	-0.69	-0.71	-0.73	-0.74	-0.76	-0.78	-0.80	-0.82
0.93	-0.44	-0.46	-0.48	-0.50	-0.53	-0.55	-0.56	-0.58	-0.60	-0.62	-0.64	-0.66	-0.68	-0.70	-0.72	-0.74	-0.76	-0.77	-0.79	-0.81
0.94	-0.44	-0.46	-0.48	-0.50	-0.52	-0.54	-0.56	-0.58	-0.60	-0.62	-0.64	-0.66	-0.67	-0.69	-0.71	-0.73	-0.75	-0.77	-0.79	-0.80
0.95	-0.44	-0.46	-0.47	-0.49	-0.51	-0.53	-0.55	-0.57	-0.59	-0.61	-0.63	-0.65	-0.67	-0.69	-0.71	-0.72	-0.74	-0.76	-0.78	-0.80

Horizontal Axis (0.21 – 0.40)

	0.21	0.22	0.23	0.24	0.25	0.26	0.27	0.28	0.29	0.30	0.31	0.32	0.33	0.34	0.35	0.36	0.37	0.38	0.39	0.40
0.96	-0.43	-0.45	-0.47	-0.49	-0.51	-0.53	-0.55	-0.57	-0.59	-0.61	-0.62	-0.64	-0.66	-0.68	-0.70	-0.72	-0.73	-0.75	-0.77	-0.79
0.97	-0.43	-0.45	-0.47	-0.48	-0.50	-0.52	-0.54	-0.56	-0.58	-0.60	-0.62	-0.64	-0.66	-0.67	-0.69	-0.71	-0.73	-0.75	-0.76	-0.78
0.98	-0.42	-0.44	-0.46	-0.48	-0.50	-0.52	-0.54	-0.56	-0.58	-0.59	-0.61	-0.63	-0.65	-0.67	-0.69	-0.70	-0.72	-0.74	-0.76	-0.77
0.99	-0.42	-0.44	-0.46	-0.48	-0.49	-0.51	-0.53	-0.55	-0.57	-0.59	-0.61	-0.62	-0.64	-0.66	-0.68	-0.70	-0.71	-0.73	-0.75	-0.77
1.00	-0.41	-0.43	-0.45	-0.47	-0.49	-0.51	-0.53	-0.55	-0.56	-0.58	-0.60	-0.62	-0.64	-0.65	-0.67	-0.69	-0.71	-0.73	-0.74	-0.76

Horizontal Axis (0.41 – 0.60)

	0.41	0.42	0.43	0.44	0.45	0.46	0.47	0.48	0.49	0.50	0.51	0.52	0.53	0.54	0.55	0.56	0.57	0.58	0.59	0.60
0.01	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.02	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.03	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.04	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.05	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.06	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.07	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.08	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.09	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.10	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.11	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.12	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.13	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.14	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.15	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.16	-1.98	-1.98	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.17	-1.97	-1.97	-1.97	-1.98	-1.98	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-2.00	-2.00	-2.00	-2.00	-2.00
0.18	-1.96	-1.96	-1.97	-1.97	-1.97	-1.98	-1.98	-1.98	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99
0.19	-1.95	-1.95	-1.96	-1.96	-1.97	-1.97	-1.97	-1.97	-1.98	-1.98	-1.98	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99	-1.99
0.20	-1.93	-1.94	-1.95	-1.95	-1.96	-1.96	-1.96	-1.97	-1.97	-1.97	-1.98	-1.98	-1.98	-1.98	-1.98	-1.99	-1.99	-1.99	-1.99	-1.99

Horizontal Axis (0.41 – 0.60)

	0.41	0.42	0.43	0.44	0.45	0.46	0.47	0.48	0.49	0.50	0.51	0.52	0.53	0.54	0.55	0.56	0.57	0.58	0.59	0.60
0.21	-1.92	-1.93	-1.93	-1.94	-1.95	-1.95	-1.96	-1.96	-1.96	-1.97	-1.97	-1.97	-1.97	-1.98	-1.98	-1.98	-1.98	-1.98	-1.99	-1.99
0.22	-1.91	-1.91	-1.92	-1.93	-1.93	-1.94	-1.94	-1.95	-1.95	-1.96	-1.96	-1.96	-1.97	-1.97	-1.97	-1.98	-1.98	-1.98	-1.98	-1.98
0.23	-1.89	-1.90	-1.91	-1.91	-1.92	-1.93	-1.93	-1.94	-1.94	-1.95	-1.95	-1.96	-1.96	-1.96	-1.97	-1.97	-1.97	-1.97	-1.98	-1.98
0.24	-1.87	-1.88	-1.89	-1.90	-1.91	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.95	-1.95	-1.96	-1.96	-1.96	-1.97	-1.97	-1.97	-1.97
0.25	-1.85	-1.87	-1.88	-1.89	-1.89	-1.90	-1.91	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.95	-1.95	-1.96	-1.96	-1.96	-1.96	-1.97
0.26	-1.84	-1.85	-1.86	-1.87	-1.88	-1.89	-1.90	-1.90	-1.91	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.95	-1.95	-1.95	-1.96	-1.96
0.27	-1.82	-1.83	-1.84	-1.85	-1.86	-1.87	-1.88	-1.89	-1.90	-1.90	-1.91	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.95	-1.95	-1.95
0.28	-1.80	-1.81	-1.82	-1.83	-1.85	-1.86	-1.87	-1.87	-1.88	-1.89	-1.90	-1.90	-1.91	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.95
0.29	-1.78	-1.79	-1.80	-1.82	-1.83	-1.84	-1.85	-1.86	-1.87	-1.88	-1.88	-1.89	-1.90	-1.91	-1.91	-1.92	-1.92	-1.93	-1.93	-1.94
0.30	-1.76	-1.77	-1.78	-1.80	-1.81	-1.82	-1.83	-1.84	-1.85	-1.86	-1.87	-1.88	-1.89	-1.89	-1.90	-1.91	-1.91	-1.92	-1.92	-1.93
0.31	-1.73	-1.75	-1.77	-1.78	-1.79	-1.80	-1.82	-1.83	-1.84	-1.85	-1.86	-1.87	-1.87	-1.88	-1.89	-1.89	-1.90	-1.91	-1.91	-1.92
0.32	-1.71	-1.73	-1.75	-1.76	-1.77	-1.79	-1.80	-1.81	-1.82	-1.83	-1.84	-1.85	-1.86	-1.87	-1.88	-1.88	-1.89	-1.90	-1.90	-1.91
0.33	-1.69	-1.71	-1.73	-1.74	-1.75	-1.77	-1.78	-1.79	-1.80	-1.82	-1.83	-1.84	-1.85	-1.85	-1.86	-1.87	-1.88	-1.88	-1.89	-1.90
0.34	-1.67	-1.69	-1.70	-1.72	-1.74	-1.75	-1.76	-1.78	-1.79	-1.80	-1.81	-1.82	-1.83	-1.84	-1.85	-1.86	-1.86	-1.87	-1.88	-1.89
0.35	-1.65	-1.67	-1.68	-1.70	-1.72	-1.73	-1.74	-1.76	-1.77	-1.78	-1.79	-1.81	-1.82	-1.83	-1.83	-1.84	-1.85	-1.86	-1.87	-1.87
0.36	-1.63	-1.65	-1.66	-1.68	-1.70	-1.71	-1.73	-1.74	-1.75	-1.77	-1.78	-1.79	-1.80	-1.81	-1.82	-1.83	-1.84	-1.85	-1.85	-1.86
0.37	-1.61	-1.63	-1.64	-1.66	-1.68	-1.69	-1.71	-1.72	-1.74	-1.75	-1.76	-1.77	-1.78	-1.80	-1.81	-1.82	-1.82	-1.83	-1.84	-1.85
0.38	-1.59	-1.60	-1.62	-1.64	-1.66	-1.67	-1.69	-1.70	-1.72	-1.73	-1.74	-1.76	-1.77	-1.78	-1.79	-1.80	-1.81	-1.82	-1.83	-1.84
0.39	-1.56	-1.58	-1.60	-1.62	-1.64	-1.65	-1.67	-1.69	-1.70	-1.71	-1.73	-1.74	-1.75	-1.76	-1.78	-1.79	-1.80	-1.81	-1.81	-1.82
0.40	-1.54	-1.56	-1.58	-1.60	-1.62	-1.64	-1.65	-1.67	-1.68	-1.70	-1.71	-1.72	-1.74	-1.75	-1.76	-1.77	-1.78	-1.79	-1.80	-1.81
0.41	-1.52	-1.54	-1.56	-1.58	-1.60	-1.62	-1.63	-1.65	-1.66	-1.68	-1.69	-1.71	-1.72	-1.73	-1.74	-1.76	-1.77	-1.78	-1.79	-1.80
0.42	-1.50	-1.52	-1.54	-1.56	-1.58	-1.60	-1.61	-1.63	-1.65	-1.66	-1.68	-1.69	-1.70	-1.72	-1.73	-1.74	-1.75	-1.76	-1.77	-1.78
0.43	-1.48	-1.50	-1.52	-1.54	-1.56	-1.58	-1.60	-1.61	-1.63	-1.64	-1.66	-1.67	-1.69	-1.70	-1.71	-1.72	-1.74	-1.75	-1.76	-1.77
0.44	-1.46	-1.48	-1.50	-1.52	-1.54	-1.56	-1.58	-1.59	-1.61	-1.63	-1.64	-1.66	-1.67	-1.68	-1.70	-1.71	-1.72	-1.73	-1.74	-1.75
0.45	-1.44	-1.46	-1.48	-1.50	-1.52	-1.54	-1.56	-1.58	-1.59	-1.61	-1.62	-1.64	-1.65	-1.67	-1.68	-1.69	-1.71	-1.72	-1.73	-1.74
0.46	-1.42	-1.45	-1.47	-1.49	-1.50	-1.52	-1.54	-1.56	-1.58	-1.59	-1.61	-1.62	-1.64	-1.65	-1.66	-1.68	-1.69	-1.70	-1.71	-1.73
0.47	-1.41	-1.43	-1.45	-1.47	-1.49	-1.51	-1.52	-1.54	-1.56	-1.57	-1.59	-1.61	-1.62	-1.63	-1.65	-1.66	-1.68	-1.69	-1.70	-1.71
0.48	-1.39	-1.41	-1.43	-1.45	-1.47	-1.49	-1.51	-1.52	-1.54	-1.56	-1.57	-1.59	-1.60	-1.62	-1.63	-1.65	-1.66	-1.67	-1.68	-1.70
0.49	-1.37	-1.39	-1.41	-1.43	-1.45	-1.47	-1.49	-1.51	-1.52	-1.54	-1.56	-1.57	-1.59	-1.60	-1.62	-1.63	-1.64	-1.66	-1.67	-1.68

Horizontal Axis (0.41 – 0.60)

	0.41	0.42	0.43	0.44	0.45	0.46	0.47	0.48	0.49	0.50	0.51	0.52	0.53	0.54	0.55	0.56	0.57	0.58	0.59	0.60
0.50	-1.35	-1.37	-1.39	-1.41	-1.43	-1.45	-1.47	-1.49	-1.51	-1.52	-1.54	-1.56	-1.57	-1.59	-1.60	-1.62	-1.63	-1.64	-1.65	-1.67
0.51	-1.33	-1.35	-1.37	-1.40	-1.42	-1.43	-1.45	-1.47	-1.49	-1.51	-1.52	-1.54	-1.56	-1.57	-1.59	-1.60	-1.61	-1.63	-1.64	-1.65
0.52	-1.32	-1.34	-1.36	-1.38	-1.40	-1.42	-1.44	-1.45	-1.47	-1.49	-1.51	-1.52	-1.54	-1.55	-1.57	-1.58	-1.60	-1.61	-1.63	-1.64
0.53	-1.30	-1.32	-1.34	-1.36	-1.38	-1.40	-1.42	-1.44	-1.46	-1.47	-1.49	-1.51	-1.52	-1.54	-1.55	-1.57	-1.58	-1.60	-1.61	-1.62
0.54	-1.28	-1.30	-1.32	-1.34	-1.36	-1.38	-1.40	-1.42	-1.44	-1.46	-1.47	-1.49	-1.51	-1.52	-1.54	-1.55	-1.57	-1.58	-1.60	-1.61
0.55	-1.26	-1.29	-1.31	-1.33	-1.35	-1.37	-1.39	-1.41	-1.42	-1.44	-1.46	-1.48	-1.49	-1.51	-1.52	-1.54	-1.55	-1.57	-1.58	-1.59
0.56	-1.25	-1.27	-1.29	-1.31	-1.33	-1.35	-1.37	-1.39	-1.41	-1.43	-1.44	-1.46	-1.48	-1.49	-1.51	-1.52	-1.54	-1.55	-1.57	-1.58
0.57	-1.23	-1.25	-1.28	-1.30	-1.32	-1.34	-1.36	-1.37	-1.39	-1.41	-1.43	-1.44	-1.46	-1.48	-1.49	-1.51	-1.52	-1.54	-1.55	-1.57
0.58	-1.22	-1.24	-1.26	-1.28	-1.30	-1.32	-1.34	-1.36	-1.38	-1.39	-1.41	-1.43	-1.45	-1.46	-1.48	-1.49	-1.51	-1.52	-1.54	-1.55
0.59	-1.20	-1.22	-1.24	-1.27	-1.29	-1.31	-1.32	-1.34	-1.36	-1.38	-1.40	-1.41	-1.43	-1.45	-1.46	-1.48	-1.49	-1.51	-1.52	-1.54
0.60	-1.19	-1.21	-1.23	-1.25	-1.27	-1.29	-1.31	-1.33	-1.35	-1.36	-1.38	-1.40	-1.42	-1.43	-1.45	-1.46	-1.48	-1.49	-1.51	-1.52
0.61	-1.17	-1.19	-1.21	-1.24	-1.26	-1.28	-1.29	-1.31	-1.33	-1.35	-1.37	-1.38	-1.40	-1.42	-1.43	-1.45	-1.47	-1.48	-1.49	-1.51
0.62	-1.16	-1.18	-1.20	-1.22	-1.24	-1.26	-1.28	-1.30	-1.32	-1.34	-1.35	-1.37	-1.39	-1.40	-1.42	-1.44	-1.45	-1.47	-1.48	-1.50
0.63	-1.14	-1.17	-1.19	-1.21	-1.23	-1.25	-1.27	-1.28	-1.30	-1.32	-1.34	-1.36	-1.37	-1.39	-1.41	-1.42	-1.44	-1.45	-1.47	-1.48
0.64	-1.13	-1.15	-1.17	-1.19	-1.21	-1.23	-1.25	-1.27	-1.29	-1.31	-1.32	-1.34	-1.36	-1.38	-1.39	-1.41	-1.42	-1.44	-1.45	-1.47
0.65	-1.12	-1.14	-1.16	-1.18	-1.20	-1.22	-1.24	-1.26	-1.27	-1.29	-1.31	-1.33	-1.35	-1.36	-1.38	-1.39	-1.41	-1.43	-1.44	-1.45
0.66	-1.10	-1.12	-1.15	-1.17	-1.19	-1.20	-1.22	-1.24	-1.26	-1.28	-1.30	-1.31	-1.33	-1.35	-1.36	-1.38	-1.40	-1.41	-1.43	-1.44
0.67	-1.09	-1.11	-1.13	-1.15	-1.17	-1.19	-1.21	-1.23	-1.25	-1.27	-1.28	-1.30	-1.32	-1.33	-1.35	-1.37	-1.38	-1.40	-1.41	-1.43
0.68	-1.08	-1.10	-1.12	-1.14	-1.16	-1.18	-1.20	-1.22	-1.23	-1.25	-1.27	-1.29	-1.30	-1.32	-1.34	-1.35	-1.37	-1.39	-1.40	-1.42
0.69	-1.07	-1.09	-1.11	-1.13	-1.15	-1.17	-1.18	-1.20	-1.22	-1.24	-1.26	-1.27	-1.29	-1.31	-1.32	-1.34	-1.36	-1.37	-1.39	-1.40
0.70	-1.05	-1.07	-1.09	-1.11	-1.13	-1.15	-1.17	-1.19	-1.21	-1.23	-1.24	-1.26	-1.28	-1.30	-1.31	-1.33	-1.34	-1.36	-1.37	-1.39
0.71	-1.04	-1.06	-1.08	-1.10	-1.12	-1.14	-1.16	-1.18	-1.20	-1.21	-1.23	-1.25	-1.27	-1.28	-1.30	-1.32	-1.33	-1.35	-1.36	-1.38
0.72	-1.03	-1.05	-1.07	-1.09	-1.11	-1.13	-1.15	-1.17	-1.18	-1.20	-1.22	-1.24	-1.25	-1.27	-1.29	-1.30	-1.32	-1.33	-1.35	-1.36
0.73	-1.02	-1.04	-1.06	-1.08	-1.10	-1.12	-1.14	-1.15	-1.17	-1.19	-1.21	-1.22	-1.24	-1.26	-1.27	-1.29	-1.31	-1.32	-1.34	-1.35
0.74	-1.01	-1.03	-1.05	-1.07	-1.09	-1.10	-1.12	-1.14	-1.16	-1.18	-1.19	-1.21	-1.23	-1.25	-1.26	-1.28	-1.29	-1.31	-1.33	-1.34
0.75	-1.00	-1.02	-1.04	-1.05	-1.07	-1.09	-1.11	-1.13	-1.15	-1.17	-1.18	-1.20	-1.22	-1.23	-1.25	-1.27	-1.28	-1.30	-1.31	-1.33
0.76	-0.99	-1.00	-1.02	-1.04	-1.06	-1.08	-1.10	-1.12	-1.14	-1.15	-1.17	-1.19	-1.21	-1.22	-1.24	-1.25	-1.27	-1.29	-1.30	-1.32
0.77	-0.97	-0.99	-1.01	-1.03	-1.05	-1.07	-1.09	-1.11	-1.12	-1.14	-1.16	-1.18	-1.19	-1.21	-1.23	-1.24	-1.26	-1.27	-1.29	-1.30
0.78	-0.96	-0.98	-1.00	-1.02	-1.04	-1.06	-1.08	-1.10	-1.11	-1.13	-1.15	-1.17	-1.18	-1.20	-1.22	-1.23	-1.25	-1.26	-1.28	-1.29

Horizontal Axis (0.41 – 0.60)

	0.41	0.42	0.43	0.44	0.45	0.46	0.47	0.48	0.49	0.50	0.51	0.52	0.53	0.54	0.55	0.56	0.57	0.58	0.59	0.60
0.79	-0.95	-0.97	-0.99	-1.01	-1.03	-1.05	-1.07	-1.08	-1.10	-1.12	-1.14	-1.15	-1.17	-1.19	-1.20	-1.22	-1.24	-1.25	-1.27	-1.28
0.80	-0.94	-0.96	-0.98	-1.00	-1.02	-1.04	-1.06	-1.07	-1.09	-1.11	-1.13	-1.14	-1.16	-1.18	-1.19	-1.21	-1.22	-1.24	-1.26	-1.27
0.81	-0.93	-0.95	-0.97	-0.99	-1.01	-1.03	-1.05	-1.06	-1.08	-1.10	-1.12	-1.13	-1.15	-1.17	-1.18	-1.20	-1.21	-1.23	-1.24	-1.26
0.82	-0.92	-0.94	-0.96	-0.98	-1.00	-1.02	-1.04	-1.05	-1.07	-1.09	-1.10	-1.12	-1.14	-1.15	-1.17	-1.19	-1.20	-1.22	-1.23	-1.25
0.83	-0.91	-0.93	-0.95	-0.97	-0.99	-1.01	-1.03	-1.04	-1.06	-1.08	-1.09	-1.11	-1.13	-1.14	-1.16	-1.18	-1.19	-1.21	-1.22	-1.24
0.84	-0.91	-0.92	-0.94	-0.96	-0.98	-1.00	-1.02	-1.03	-1.05	-1.07	-1.08	-1.10	-1.12	-1.13	-1.15	-1.17	-1.18	-1.20	-1.21	-1.23
0.85	-0.90	-0.91	-0.93	-0.95	-0.97	-0.99	-1.01	-1.02	-1.04	-1.06	-1.07	-1.09	-1.11	-1.12	-1.14	-1.16	-1.17	-1.19	-1.20	-1.22
0.86	-0.89	-0.91	-0.92	-0.94	-0.96	-0.98	-1.00	-1.01	-1.03	-1.05	-1.06	-1.08	-1.10	-1.11	-1.13	-1.14	-1.16	-1.18	-1.19	-1.21
0.87	-0.88	-0.90	-0.92	-0.93	-0.95	-0.97	-0.99	-1.00	-1.02	-1.04	-1.05	-1.07	-1.09	-1.10	-1.12	-1.13	-1.15	-1.17	-1.18	-1.20
0.88	-0.87	-0.89	-0.91	-0.92	-0.94	-0.96	-0.98	-0.99	-1.01	-1.03	-1.04	-1.06	-1.08	-1.09	-1.11	-1.12	-1.14	-1.16	-1.17	-1.19
0.89	-0.86	-0.88	-0.90	-0.92	-0.93	-0.95	-0.97	-0.98	-1.00	-1.02	-1.04	-1.05	-1.07	-1.08	-1.10	-1.12	-1.13	-1.15	-1.16	-1.18
0.90	-0.85	-0.87	-0.89	-0.91	-0.92	-0.94	-0.96	-0.98	-0.99	-1.01	-1.03	-1.04	-1.06	-1.07	-1.09	-1.11	-1.12	-1.14	-1.15	-1.17
0.91	-0.84	-0.86	-0.88	-0.90	-0.92	-0.93	-0.95	-0.97	-0.98	-1.00	-1.02	-1.03	-1.05	-1.06	-1.08	-1.10	-1.11	-1.13	-1.14	-1.16
0.92	-0.84	-0.85	-0.87	-0.89	-0.91	-0.92	-0.94	-0.96	-0.97	-0.99	-1.01	-1.02	-1.04	-1.06	-1.07	-1.09	-1.10	-1.12	-1.13	-1.15
0.93	-0.83	-0.85	-0.86	-0.88	-0.90	-0.92	-0.93	-0.95	-0.97	-0.98	-1.00	-1.01	-1.03	-1.05	-1.06	-1.08	-1.09	-1.11	-1.12	-1.14
0.94	-0.82	-0.84	-0.86	-0.87	-0.89	-0.91	-0.92	-0.94	-0.96	-0.97	-0.99	-1.01	-1.02	-1.04	-1.05	-1.07	-1.08	-1.10	-1.11	-1.13
0.95	-0.81	-0.83	-0.85	-0.87	-0.88	-0.90	-0.92	-0.93	-0.95	-0.97	-0.98	-1.00	-1.01	-1.03	-1.04	-1.06	-1.07	-1.09	-1.10	-1.12
0.96	-0.81	-0.82	-0.84	-0.86	-0.87	-0.89	-0.91	-0.92	-0.94	-0.96	-0.97	-0.99	-1.00	-1.02	-1.03	-1.05	-1.07	-1.08	-1.09	-1.11
0.97	-0.80	-0.82	-0.83	-0.85	-0.87	-0.88	-0.90	-0.92	-0.93	-0.95	-0.96	-0.98	-1.00	-1.01	-1.03	-1.04	-1.06	-1.07	-1.09	-1.10
0.98	-0.79	-0.81	-0.83	-0.84	-0.86	-0.88	-0.89	-0.91	-0.92	-0.94	-0.96	-0.97	-0.99	-1.00	-1.02	-1.03	-1.05	-1.06	-1.08	-1.09
0.99	-0.78	-0.80	-0.82	-0.83	-0.85	-0.87	-0.88	-0.90	-0.92	-0.93	-0.95	-0.96	-0.98	-0.99	-1.01	-1.02	-1.04	-1.05	-1.07	-1.08
1.00	-0.78	-0.79	-0.81	-0.83	-0.84	-0.86	-0.88	-0.89	-0.91	-0.92	-0.94	-0.96	-0.97	-0.99	-1.00	-1.02	-1.03	-1.05	-1.06	-1.07

Horizontal Axis (0.61 – 0.80)

	0.61	0.62	0.63	0.64	0.65	0.66	0.67	0.68	0.69	0.70	0.71	0.72	0.73	0.74	0.75	0.76	0.77	0.78	0.79	0.80
0.01	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.02	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.03	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00





Horizontal Axis (0.61 – 0.80)

	0.61	0.62	0.63	0.64	0.65	0.66	0.67	0.68	0.69	0.70	0.71	0.72	0.73	0.74	0.75	0.76	0.77	0.78	0.79	0.80
0.33	-1.90	-1.91	-1.91	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.94	-1.95	-1.95	-1.95	-1.96	-1.96	-1.96	-1.96	-1.96	-1.97	-1.97
0.34	-1.89	-1.90	-1.90	-1.91	-1.91	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.94	-1.95	-1.95	-1.95	-1.95	-1.96	-1.96	-1.96	-1.96
0.35	-1.88	-1.89	-1.89	-1.90	-1.90	-1.91	-1.91	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.94	-1.95	-1.95	-1.95	-1.95	-1.96	-1.96
0.36	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.94	-1.95	-1.95	-1.95	-1.95
0.37	-1.86	-1.86	-1.87	-1.88	-1.88	-1.89	-1.90	-1.90	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.94	-1.94	-1.95
0.38	-1.84	-1.85	-1.86	-1.87	-1.87	-1.88	-1.89	-1.89	-1.90	-1.90	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93	-1.94	-1.94	-1.94
0.39	-1.83	-1.84	-1.85	-1.86	-1.86	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93	-1.93
0.40	-1.82	-1.83	-1.84	-1.84	-1.85	-1.86	-1.86	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93
0.41	-1.81	-1.81	-1.82	-1.83	-1.84	-1.85	-1.85	-1.86	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.91	-1.91	-1.92	-1.92
0.42	-1.79	-1.80	-1.81	-1.82	-1.83	-1.83	-1.84	-1.85	-1.86	-1.86	-1.87	-1.87	-1.88	-1.89	-1.89	-1.90	-1.90	-1.90	-1.91	-1.91
0.43	-1.78	-1.79	-1.80	-1.81	-1.81	-1.82	-1.83	-1.84	-1.84	-1.85	-1.86	-1.86	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.91
0.44	-1.76	-1.77	-1.78	-1.79	-1.80	-1.81	-1.82	-1.83	-1.83	-1.84	-1.85	-1.85	-1.86	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90
0.45	-1.75	-1.76	-1.77	-1.78	-1.79	-1.80	-1.81	-1.81	-1.82	-1.83	-1.84	-1.84	-1.85	-1.86	-1.86	-1.87	-1.87	-1.88	-1.88	-1.89
0.46	-1.74	-1.75	-1.76	-1.77	-1.78	-1.79	-1.79	-1.80	-1.81	-1.82	-1.83	-1.83	-1.84	-1.85	-1.85	-1.86	-1.86	-1.87	-1.88	-1.88
0.47	-1.72	-1.73	-1.74	-1.75	-1.76	-1.77	-1.78	-1.79	-1.80	-1.81	-1.81	-1.82	-1.83	-1.84	-1.84	-1.85	-1.85	-1.86	-1.87	-1.87
0.48	-1.71	-1.72	-1.73	-1.74	-1.75	-1.76	-1.77	-1.78	-1.79	-1.79	-1.80	-1.81	-1.82	-1.82	-1.83	-1.84	-1.84	-1.85	-1.86	-1.86
0.49	-1.69	-1.71	-1.72	-1.73	-1.74	-1.75	-1.76	-1.77	-1.77	-1.78	-1.79	-1.80	-1.81	-1.81	-1.82	-1.83	-1.83	-1.84	-1.85	-1.85
0.50	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.74	-1.75	-1.76	-1.77	-1.78	-1.79	-1.80	-1.80	-1.81	-1.82	-1.82	-1.83	-1.84	-1.84
0.51	-1.66	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.74	-1.75	-1.76	-1.77	-1.78	-1.78	-1.79	-1.80	-1.81	-1.81	-1.82	-1.83	-1.83
0.52	-1.65	-1.66	-1.67	-1.69	-1.70	-1.71	-1.72	-1.73	-1.74	-1.75	-1.76	-1.76	-1.77	-1.78	-1.79	-1.80	-1.80	-1.81	-1.82	-1.82
0.53	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.74	-1.75	-1.76	-1.77	-1.78	-1.78	-1.79	-1.80	-1.81	-1.81
0.54	-1.62	-1.63	-1.65	-1.66	-1.67	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.74	-1.75	-1.76	-1.77	-1.77	-1.78	-1.79	-1.80	-1.80
0.55	-1.61	-1.62	-1.63	-1.64	-1.66	-1.67	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.74	-1.75	-1.75	-1.76	-1.77	-1.78	-1.79	-1.79
0.56	-1.59	-1.61	-1.62	-1.63	-1.64	-1.65	-1.67	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.73	-1.74	-1.75	-1.76	-1.77	-1.78	-1.78
0.57	-1.58	-1.59	-1.60	-1.62	-1.63	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.74	-1.75	-1.76	-1.76	-1.77
0.58	-1.56	-1.58	-1.59	-1.60	-1.62	-1.63	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.74	-1.75	-1.75	-1.76
0.59	-1.55	-1.56	-1.58	-1.59	-1.60	-1.61	-1.63	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.73	-1.74	-1.75
0.60	-1.54	-1.55	-1.56	-1.58	-1.59	-1.60	-1.61	-1.62	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.70	-1.71	-1.71	-1.72	-1.73	-1.74
0.61	-1.52	-1.54	-1.55	-1.56	-1.58	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64	-1.66	-1.67	-1.68	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73

Horizontal Axis (0.61 – 0.80)

	0.61	0.62	0.63	0.64	0.65	0.66	0.67	0.68	0.69	0.70	0.71	0.72	0.73	0.74	0.75	0.76	0.77	0.78	0.79	0.80
0.62	-1.51	-1.52	-1.54	-1.55	-1.56	-1.57	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.70	-1.71	-1.72
0.63	-1.50	-1.51	-1.52	-1.54	-1.55	-1.56	-1.57	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.70	-1.71
0.64	-1.48	-1.50	-1.51	-1.52	-1.54	-1.55	-1.56	-1.57	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.70
0.65	-1.47	-1.48	-1.50	-1.51	-1.52	-1.54	-1.55	-1.56	-1.57	-1.58	-1.60	-1.61	-1.62	-1.63	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69
0.66	-1.46	-1.47	-1.48	-1.50	-1.51	-1.52	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.61	-1.62	-1.63	-1.64	-1.65	-1.66	-1.67	-1.67
0.67	-1.44	-1.46	-1.47	-1.48	-1.50	-1.51	-1.52	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.64	-1.64	-1.65	-1.66
0.68	-1.43	-1.44	-1.46	-1.47	-1.48	-1.50	-1.51	-1.52	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64	-1.65
0.69	-1.42	-1.43	-1.45	-1.46	-1.47	-1.49	-1.50	-1.51	-1.52	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64
0.70	-1.40	-1.42	-1.43	-1.45	-1.46	-1.47	-1.49	-1.50	-1.51	-1.52	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.63
0.71	-1.39	-1.41	-1.42	-1.43	-1.45	-1.46	-1.47	-1.49	-1.50	-1.51	-1.52	-1.53	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62
0.72	-1.38	-1.39	-1.41	-1.42	-1.44	-1.45	-1.46	-1.47	-1.49	-1.50	-1.51	-1.52	-1.53	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61
0.73	-1.37	-1.38	-1.40	-1.41	-1.42	-1.44	-1.45	-1.46	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60
0.74	-1.35	-1.37	-1.38	-1.40	-1.41	-1.42	-1.44	-1.45	-1.46	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.55	-1.56	-1.57	-1.58	-1.59
0.75	-1.34	-1.36	-1.37	-1.39	-1.40	-1.41	-1.43	-1.44	-1.45	-1.46	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.55	-1.56	-1.57	-1.58
0.76	-1.33	-1.35	-1.36	-1.37	-1.39	-1.40	-1.41	-1.43	-1.44	-1.45	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.56	-1.57
0.77	-1.32	-1.33	-1.35	-1.36	-1.38	-1.39	-1.40	-1.42	-1.43	-1.44	-1.45	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55
0.78	-1.31	-1.32	-1.34	-1.35	-1.36	-1.38	-1.39	-1.40	-1.42	-1.43	-1.44	-1.45	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54
0.79	-1.30	-1.31	-1.33	-1.34	-1.35	-1.37	-1.38	-1.39	-1.41	-1.42	-1.43	-1.44	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53
0.80	-1.29	-1.30	-1.31	-1.33	-1.34	-1.36	-1.37	-1.38	-1.40	-1.41	-1.42	-1.43	-1.44	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52
0.81	-1.27	-1.29	-1.30	-1.32	-1.33	-1.34	-1.36	-1.37	-1.38	-1.40	-1.41	-1.42	-1.43	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51
0.82	-1.26	-1.28	-1.29	-1.31	-1.32	-1.33	-1.35	-1.36	-1.37	-1.39	-1.40	-1.41	-1.42	-1.43	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50
0.83	-1.25	-1.27	-1.28	-1.30	-1.31	-1.32	-1.34	-1.35	-1.36	-1.38	-1.39	-1.40	-1.41	-1.42	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49
0.84	-1.24	-1.26	-1.27	-1.28	-1.30	-1.31	-1.33	-1.34	-1.35	-1.36	-1.38	-1.39	-1.40	-1.41	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48
0.85	-1.23	-1.25	-1.26	-1.27	-1.29	-1.30	-1.31	-1.33	-1.34	-1.35	-1.37	-1.38	-1.39	-1.40	-1.42	-1.43	-1.44	-1.45	-1.46	-1.47
0.86	-1.22	-1.23	-1.25	-1.26	-1.28	-1.29	-1.30	-1.32	-1.33	-1.34	-1.36	-1.37	-1.38	-1.39	-1.40	-1.42	-1.43	-1.44	-1.45	-1.46
0.87	-1.21	-1.22	-1.24	-1.25	-1.27	-1.28	-1.29	-1.31	-1.32	-1.33	-1.35	-1.36	-1.37	-1.38	-1.39	-1.41	-1.42	-1.43	-1.44	-1.45
0.88	-1.20	-1.21	-1.23	-1.24	-1.26	-1.27	-1.28	-1.30	-1.31	-1.32	-1.34	-1.35	-1.36	-1.37	-1.38	-1.40	-1.41	-1.42	-1.43	-1.44
0.89	-1.19	-1.20	-1.22	-1.23	-1.25	-1.26	-1.27	-1.29	-1.30	-1.31	-1.33	-1.34	-1.35	-1.36	-1.37	-1.39	-1.40	-1.41	-1.42	-1.43
0.90	-1.18	-1.19	-1.21	-1.22	-1.24	-1.25	-1.26	-1.28	-1.29	-1.30	-1.32	-1.33	-1.34	-1.35	-1.36	-1.38	-1.39	-1.40	-1.41	-1.42

Horizontal Axis (0.61 – 0.80)

	0.61	0.62	0.63	0.64	0.65	0.66	0.67	0.68	0.69	0.70	0.71	0.72	0.73	0.74	0.75	0.76	0.77	0.78	0.79	0.80
0.91	-1.17	-1.18	-1.20	-1.21	-1.23	-1.24	-1.25	-1.27	-1.28	-1.29	-1.31	-1.32	-1.33	-1.34	-1.35	-1.37	-1.38	-1.39	-1.40	-1.41
0.92	-1.16	-1.18	-1.19	-1.20	-1.22	-1.23	-1.24	-1.26	-1.27	-1.28	-1.30	-1.31	-1.32	-1.33	-1.34	-1.36	-1.37	-1.38	-1.39	-1.40
0.93	-1.15	-1.17	-1.18	-1.19	-1.21	-1.22	-1.23	-1.25	-1.26	-1.27	-1.29	-1.30	-1.31	-1.32	-1.34	-1.35	-1.36	-1.37	-1.38	-1.39
0.94	-1.14	-1.16	-1.17	-1.18	-1.20	-1.21	-1.22	-1.24	-1.25	-1.26	-1.28	-1.29	-1.30	-1.31	-1.33	-1.34	-1.35	-1.36	-1.37	-1.38
0.95	-1.13	-1.15	-1.16	-1.17	-1.19	-1.20	-1.22	-1.23	-1.24	-1.25	-1.27	-1.28	-1.29	-1.30	-1.32	-1.33	-1.34	-1.35	-1.36	-1.37
0.96	-1.12	-1.14	-1.15	-1.17	-1.18	-1.19	-1.21	-1.22	-1.23	-1.25	-1.26	-1.27	-1.28	-1.29	-1.31	-1.32	-1.33	-1.34	-1.35	-1.36
0.97	-1.11	-1.13	-1.14	-1.16	-1.17	-1.18	-1.20	-1.21	-1.22	-1.24	-1.25	-1.26	-1.27	-1.29	-1.30	-1.31	-1.32	-1.33	-1.34	-1.36
0.98	-1.11	-1.12	-1.13	-1.15	-1.16	-1.17	-1.19	-1.20	-1.21	-1.23	-1.24	-1.25	-1.26	-1.28	-1.29	-1.30	-1.31	-1.32	-1.33	-1.35
0.99	-1.10	-1.11	-1.12	-1.14	-1.15	-1.17	-1.18	-1.19	-1.20	-1.22	-1.23	-1.24	-1.26	-1.27	-1.28	-1.29	-1.30	-1.31	-1.33	-1.34
1.00	-1.09	-1.10	-1.12	-1.13	-1.14	-1.16	-1.17	-1.18	-1.20	-1.21	-1.22	-1.23	-1.25	-1.26	-1.27	-1.28	-1.29	-1.31	-1.32	-1.33

Horizontal Axis (0.81 – 1.00)

	0.81	0.82	0.83	0.84	0.85	0.86	0.87	0.88	0.89	0.90	0.91	0.92	0.93	0.94	0.95	0.96	0.97	0.98	0.99	1.00
0.01	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.02	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.03	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.04	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.05	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.06	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.07	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.08	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.09	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.10	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.11	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.12	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.13	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.14	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00
0.15	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00



Horizontal Axis (0.81 – 1.00)

	0.81	0.82	0.83	0.84	0.85	0.86	0.87	0.88	0.89	0.90	0.91	0.92	0.93	0.94	0.95	0.96	0.97	0.98	0.99	1.00
0.45	-1.89	-1.90	-1.90	-1.91	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93	-1.93	-1.94	-1.94	-1.94	-1.94	-1.95	-1.95	-1.95	-1.95
0.46	-1.89	-1.89	-1.89	-1.90	-1.90	-1.91	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93	-1.93	-1.94	-1.94	-1.94	-1.94	-1.95	-1.95
0.47	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.90	-1.91	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93	-1.93	-1.94	-1.94	-1.94	-1.94
0.48	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.90	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93	-1.93	-1.93	-1.94	-1.94
0.49	-1.86	-1.86	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.90	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93	-1.93	-1.93
0.50	-1.85	-1.85	-1.86	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89	-1.89	-1.90	-1.90	-1.91	-1.91	-1.91	-1.92	-1.92	-1.92	-1.93	-1.93
0.51	-1.84	-1.85	-1.85	-1.86	-1.86	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89	-1.89	-1.90	-1.90	-1.91	-1.91	-1.91	-1.92	-1.92	-1.92
0.52	-1.83	-1.84	-1.84	-1.85	-1.85	-1.86	-1.86	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.90	-1.91	-1.91	-1.91	-1.92
0.53	-1.82	-1.83	-1.83	-1.84	-1.84	-1.85	-1.86	-1.86	-1.87	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.90	-1.91	-1.91
0.54	-1.81	-1.82	-1.82	-1.83	-1.84	-1.84	-1.85	-1.85	-1.86	-1.86	-1.87	-1.87	-1.88	-1.88	-1.88	-1.89	-1.89	-1.90	-1.90	-1.90
0.55	-1.80	-1.81	-1.81	-1.82	-1.83	-1.83	-1.84	-1.84	-1.85	-1.85	-1.86	-1.86	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89	-1.89	-1.90
0.56	-1.79	-1.80	-1.80	-1.81	-1.82	-1.82	-1.83	-1.83	-1.84	-1.85	-1.85	-1.86	-1.86	-1.87	-1.87	-1.87	-1.88	-1.88	-1.89	-1.89
0.57	-1.78	-1.79	-1.79	-1.80	-1.81	-1.81	-1.82	-1.83	-1.83	-1.84	-1.84	-1.85	-1.85	-1.86	-1.86	-1.87	-1.87	-1.88	-1.88	-1.88
0.58	-1.77	-1.78	-1.78	-1.79	-1.80	-1.80	-1.81	-1.82	-1.82	-1.83	-1.83	-1.84	-1.84	-1.85	-1.85	-1.86	-1.86	-1.87	-1.87	-1.88
0.59	-1.76	-1.77	-1.77	-1.78	-1.79	-1.79	-1.80	-1.81	-1.81	-1.82	-1.83	-1.83	-1.84	-1.84	-1.85	-1.85	-1.86	-1.86	-1.87	-1.87
0.60	-1.75	-1.76	-1.76	-1.77	-1.78	-1.78	-1.79	-1.80	-1.80	-1.81	-1.82	-1.82	-1.83	-1.83	-1.84	-1.84	-1.85	-1.85	-1.86	-1.86
0.61	-1.74	-1.75	-1.75	-1.76	-1.77	-1.77	-1.78	-1.79	-1.79	-1.80	-1.81	-1.81	-1.82	-1.82	-1.83	-1.84	-1.84	-1.85	-1.85	-1.85
0.62	-1.73	-1.73	-1.74	-1.75	-1.76	-1.77	-1.77	-1.78	-1.79	-1.79	-1.80	-1.80	-1.81	-1.82	-1.82	-1.83	-1.83	-1.84	-1.84	-1.85
0.63	-1.72	-1.72	-1.73	-1.74	-1.75	-1.76	-1.76	-1.77	-1.78	-1.78	-1.79	-1.80	-1.80	-1.81	-1.81	-1.82	-1.82	-1.83	-1.83	-1.84
0.64	-1.71	-1.71	-1.72	-1.73	-1.74	-1.75	-1.75	-1.76	-1.77	-1.77	-1.78	-1.79	-1.79	-1.80	-1.80	-1.81	-1.82	-1.82	-1.83	-1.83
0.65	-1.69	-1.70	-1.71	-1.72	-1.73	-1.74	-1.74	-1.75	-1.76	-1.76	-1.77	-1.78	-1.78	-1.79	-1.80	-1.80	-1.81	-1.81	-1.82	-1.82
0.66	-1.68	-1.69	-1.70	-1.71	-1.72	-1.73	-1.73	-1.74	-1.75	-1.75	-1.76	-1.77	-1.77	-1.78	-1.79	-1.79	-1.80	-1.80	-1.81	-1.82
0.67	-1.67	-1.68	-1.69	-1.70	-1.71	-1.71	-1.72	-1.73	-1.74	-1.74	-1.75	-1.76	-1.77	-1.77	-1.78	-1.78	-1.79	-1.80	-1.80	-1.81
0.68	-1.66	-1.67	-1.68	-1.69	-1.70	-1.70	-1.71	-1.72	-1.73	-1.74	-1.74	-1.75	-1.76	-1.76	-1.77	-1.78	-1.78	-1.79	-1.79	-1.80
0.69	-1.65	-1.66	-1.67	-1.68	-1.69	-1.69	-1.70	-1.71	-1.72	-1.73	-1.73	-1.74	-1.75	-1.75	-1.76	-1.77	-1.77	-1.78	-1.79	-1.79
0.70	-1.64	-1.65	-1.66	-1.67	-1.68	-1.68	-1.69	-1.70	-1.71	-1.72	-1.72	-1.73	-1.74	-1.74	-1.75	-1.76	-1.76	-1.77	-1.78	-1.78
0.71	-1.63	-1.64	-1.65	-1.66	-1.67	-1.67	-1.68	-1.69	-1.70	-1.71	-1.71	-1.72	-1.73	-1.74	-1.74	-1.75	-1.76	-1.76	-1.77	-1.77
0.72	-1.62	-1.63	-1.64	-1.65	-1.66	-1.66	-1.67	-1.68	-1.69	-1.70	-1.70	-1.71	-1.72	-1.73	-1.73	-1.74	-1.75	-1.75	-1.76	-1.77
0.73	-1.61	-1.62	-1.63	-1.64	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.69	-1.70	-1.71	-1.72	-1.72	-1.73	-1.74	-1.74	-1.75	-1.76

Horizontal Axis (0.81 – 1.00)

	0.81	0.82	0.83	0.84	0.85	0.86	0.87	0.88	0.89	0.90	0.91	0.92	0.93	0.94	0.95	0.96	0.97	0.98	0.99	1.00
0.74	-1.60	-1.61	-1.62	-1.63	-1.63	-1.64	-1.65	-1.66	-1.67	-1.68	-1.69	-1.69	-1.70	-1.71	-1.71	-1.72	-1.73	-1.74	-1.74	-1.75
0.75	-1.59	-1.60	-1.61	-1.62	-1.62	-1.63	-1.64	-1.65	-1.66	-1.67	-1.68	-1.68	-1.69	-1.70	-1.71	-1.71	-1.72	-1.73	-1.73	-1.74
0.76	-1.58	-1.59	-1.60	-1.60	-1.61	-1.62	-1.63	-1.64	-1.65	-1.66	-1.67	-1.67	-1.68	-1.69	-1.70	-1.70	-1.71	-1.72	-1.72	-1.73
0.77	-1.57	-1.58	-1.58	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64	-1.65	-1.66	-1.66	-1.67	-1.68	-1.69	-1.69	-1.70	-1.71	-1.72	-1.72
0.78	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64	-1.65	-1.65	-1.66	-1.67	-1.68	-1.69	-1.69	-1.70	-1.71	-1.71
0.79	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64	-1.65	-1.65	-1.66	-1.67	-1.68	-1.68	-1.69	-1.70	-1.71
0.80	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.63	-1.64	-1.64	-1.65	-1.66	-1.67	-1.67	-1.68	-1.69	-1.70
0.81	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.63	-1.63	-1.64	-1.65	-1.66	-1.67	-1.67	-1.68	-1.69
0.82	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.62	-1.63	-1.64	-1.65	-1.66	-1.66	-1.67	-1.68
0.83	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.62	-1.62	-1.63	-1.64	-1.65	-1.66	-1.66	-1.67
0.84	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.61	-1.62	-1.63	-1.64	-1.65	-1.65	-1.66
0.85	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.61	-1.61	-1.62	-1.63	-1.64	-1.65	-1.65
0.86	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.60	-1.61	-1.62	-1.63	-1.64	-1.64
0.87	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.60	-1.60	-1.61	-1.62	-1.63	-1.64
0.88	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.59	-1.60	-1.61	-1.62	-1.63
0.89	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.59	-1.59	-1.60	-1.61	-1.62
0.90	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.58	-1.59	-1.60	-1.61
0.91	-1.42	-1.43	-1.44	-1.45	-1.46	-1.48	-1.49	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.58	-1.59	-1.60
0.92	-1.41	-1.42	-1.43	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58	-1.58	-1.59
0.93	-1.40	-1.41	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.57	-1.58
0.94	-1.39	-1.41	-1.42	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.57
0.95	-1.38	-1.40	-1.41	-1.42	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57
0.96	-1.38	-1.39	-1.40	-1.41	-1.42	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56
0.97	-1.37	-1.38	-1.39	-1.40	-1.41	-1.42	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.51	-1.52	-1.53	-1.54	-1.55
0.98	-1.36	-1.37	-1.38	-1.39	-1.40	-1.41	-1.42	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.51	-1.52	-1.53	-1.54
0.99	-1.35	-1.36	-1.37	-1.38	-1.39	-1.40	-1.41	-1.42	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.51	-1.52	-1.53
1.00	-1.34	-1.35	-1.36	-1.37	-1.38	-1.39	-1.40	-1.41	-1.42	-1.43	-1.44	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.51	-1.52

#### 4. Savings and Deficit Share Calculation from QIS

- 4.1. The maximum Savings Share under this contract is [REDACTED] the range of which is determined by a positive Quality Improvement Score (QIS). The maximum Deficit Share is [REDACTED] with the opportunity to reduce the Deficit Share by up to [REDACTED] through a positive QIS.
- 4.2. To determine the Savings Share, the QIS is adjusted by the savings multiplier of [REDACTED]. In other words, a QIS of [REDACTED] or higher will result in the maximum [REDACTED] Savings Share. A negative QIS will earn no savings. With the [REDACTED] savings multiplier each [REDACTED] of gain on the QIS is worth [REDACTED] of shared savings, e.g., a QIS of [REDACTED] results in a [REDACTED] Savings Share of the Gross Savings.
- 4.3. To determine the Deficit Share reduction, the QIS is adjusted by the deficit multiplier of [REDACTED]. In other words, a QIS of [REDACTED] or higher will result in the maximum [REDACTED] reduction to the Deficit Share. A negative QIS will not impact the Deficit Share. With the [REDACTED] deficit multiplier every [REDACTED] of gain on the QIS equals [REDACTED] of deficit reduction. E.g., a QIS of [REDACTED] earns a reduction in the Deficit Share of [REDACTED] and results in a [REDACTED] Deficit Share of the Gross Deficit.
- 4.4. If the QIS is negative, then the Savings Share would be [REDACTED] or the Deficit Share would be [REDACTED].

#### 5. Sample Calculation

- 5.1. If for a certain Quality Measure:

Weight  $w(i) = [REDACTED]$ , Target  $T(i) = [REDACTED]$ , Mean  $u(i) = [REDACTED]$  and value for the year prior to the Performance Year the measure value  $V_i(y-1)$  is [REDACTED] and for the Performance Year the measure value  $V_i(y)$  is [REDACTED] %.

QS(i) is the value in Table II where:

Horizontal axis  $V_i(y) - u(i) = [REDACTED] - [REDACTED] = [REDACTED]$   
 Vertical axis  $T(i) - u(i) = [REDACTED] - [REDACTED] = [REDACTED]$   
 which yields [REDACTED] for QS(i)

- 5.2. Improvement is made so IS(i) is the value in Table II where:

Horizontal axis  $V_i(y) - V_i(y-1) = [REDACTED] - [REDACTED] = [REDACTED]$   
 Vertical axis  $T(i) - V_i(y-1) = [REDACTED] - [REDACTED] = [REDACTED]$   
 Which yields [REDACTED] for IS(i)

The Quality Improvement Score for the measure is then  $[REDACTED]z(i) + [REDACTED](1-z(i))$

Where since  $V_i(y)$  is greater than  $u(i)$  and less than  $T(i)$  the  $z(i) = [REDACTED] + [REDACTED] \frac{V_i(y) - u(i)}{T(i) - u(i)} = [REDACTED] + [REDACTED] \frac{[REDACTED] - [REDACTED]}{[REDACTED] - [REDACTED]} = [REDACTED]$

Overall QIS(i) calculation for measure i will be calculated as  $QS(i)*z(i) + IS(i)*(1-z(i)) = [REDACTED] + [REDACTED] = [REDACTED]$



## 6. Data Reporting

- 6.1. By May 31<sup>st</sup> of each Performance Year the Contractor shall use best efforts to provide the HCA's designee the Quality Measure Value for all Designated and Definitively Attributed ACP Members with qualifying National Quality Forum (NQF) and other diagnoses as detailed in this Exhibit. These Quality Measure Values will include quality results from January through December of the preceding Performance Year. This data will be provided in a mutually agreed upon format and will include results of the relevant biometric and lab tests, survey results, referrals, and the associated ICD-9 or ICD-10 diagnosis codes for each ACP Member meeting the inclusion/exclusion criteria as defined in the relevant NQF metric and any other measures specified in this Exhibit.
- 6.2. For a given non-Member Experience Quality Measure to be included in the calculation of Percentage of Net Savings, the Contractor must supply a list of all Members with relevant NQF inclusion diagnoses along with complete data on at least [REDACTED] of Designated ACP Members with relevant inclusion diagnoses in 2016, and at least [REDACTED] in 2017 and thereafter; and [REDACTED] lower each year for Attributed ACP Members. For the 2015 test Financial Reconciliation, the Contractor will submit test data on at least [REDACTED] of Attributed ACP Members.

## 7. Quality Measures – WA State Core Measure Set and other Select Measures

The definitions, standards and calculations for metrics in Table I shall be as defined in the same manner as the most current version from the NQF Measure Database (qualityforum.org), CG-CAHPS, or Health Effectiveness Data and Information Set (HEDIS) standards available on January 1 of each Performance Year. Additional notes, explanations and instructions for specific measures are below.

### 7.1. Chronic – Coronary Artery Disease (CAD) – Use of Statins

The percentage of patients ages 18-75 with heart disease (coronary artery disease or CAD) who had at least one prescription filled to lower cholesterol (lipid-lowering therapy). This measure is based on current American College of Cardiology/American Heart Association guidelines during a one-year period.

### 7.2. Member Experience

ACP Member satisfaction and communication will be measured using the most recent version available of the Agency for Healthcare Research and Quality (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Clinician & Group Surveys and administered by the Contractor to ACP Members who have used Contractor's ACP services in the Performance Year. Contractor will define survey methodology, including proposed sample methods, with approval of HCA, by November 1, 2015. A Performance Year survey will be considered valid if there are an adequate number of respondents per NCQA rules and criteria for each Cohort. For the Attributed Cohort, the survey must be sent only to those individuals who a) were Definitively Attributed for the prior Performance Year and b) are also on the Tentatively Attributed list for the first or second quarter of the current Performance Year. The specific questions to be used to assess ACP Member experience are set forth in Attachment 1 to this Exhibit. Contractor will be responsible for measuring and reporting all CG-CAHPS supplemental questions selected by the Washington Health Alliance, starting in 2016 until the end of the Contract.

### 7.3. Preventive Screening

Preventive screening rates will be determined from claims of ACP Members in the HCA Data Warehouse database of Members. Screening rates will be calculated using the current NQF definitions and standards for each Performance Year.

### 7.4. Nulliparous Term Singleton Vertex (NTSV) C-Section Rates

Nulliparous Term Singleton Vertex (NTSV) C-section rates will be calculated from data supplied by Contractor. Contractor will provide to HCA, on a semi-annual basis in a mutually agreed upon format, a list of all nulliparous ACP Members who delivered at an ACP Provider location a live term singleton newborn in the vertex presentation, including the mode of delivery (C-section vs. vaginal delivery) and accompanying relevant ICD9 and CPT codes, including a medically necessity indicator for C-section births. Calculations will be performed as per the NQF 0471 PC-02. To be eligible to receive the Quality Improvement Score associated with the NTSV measure, Contractor must supply this data on at least [REDACTED] of deliveries for each year. Rates will be calculated using the then current NQF definitions and standards.

### 7.5. Standard for Appropriateness for Total Knee and Total Hip Replacements (TKR/THR) Patients as defined by the Bree Collaborative<sup>2</sup>

Number of patients who underwent a total knee replacement or total hip replacement surgery with documented patient-reported measures of quality of life and musculoskeletal function prior to surgery (Knee Osteoarthritis Outcome Score (KOOS), Hip Osteoarthritis Outcome Score (HOOS), or Patient-Reported Outcomes Measurement Information System (PROMIS) PROMIS-10 Global Health tools may be used. The Contractor must report total number of patients who underwent total knee or total hip replacement surgery during Performance Year.

### 7.6. Standard for Appropriateness for Lumbar Fusion Patients as defined by the Bree Collaborative<sup>3</sup>

Number of patients who underwent a lumbar fusion with documented patient-reported measures of disability and quality of life function prior to surgery using the Oswestry Disability Index (ODI) and PROMIS-10 Global Health tools. Denominator is number of lumbar fusion patients. The Contractor must report the total number of patients who underwent lumbar fusion surgery during Performance Year.

### 7.7. Percutaneous Coronary Intervention (PCI) Appropriateness

Percentage of non-acute or elective Percutaneous Coronary Intervention (PCI) procedures that were “not able to be classified” or in other words, did not have enough information documented in order to be evaluated. Numerator is non-acute or elective PCIs not able to be classified; denominator is patients undergoing a PCI.

---

<sup>2</sup> [http://www.breecollaborative.org/wp-content/uploads/tkrthr\\_bundle.pdf](http://www.breecollaborative.org/wp-content/uploads/tkrthr_bundle.pdf)

<sup>3</sup> <http://www.breecollaborative.org/wp-content/uploads/Lumbar-Fusion-Bundle-Final-14-09.pdf>

## 8. Changing Quality Measures and Weights

The parties acknowledge that quality is an evolving science and that HCA may decide to alter the Quality Measures and Weights during the Term. Therefore, HCA agrees as follows:

- (a) Contractor and HCA will meet at least annually or after the WA State Core Measure Set has been updated, to review the Quality Measures, Targets, and Weights.
- (b) HCA will set Measures, Targets, and Weights annually, by September 30 prior to the Performance Year.
- (c) This Exhibit will be automatically updated to reflect revised Quality Measures, Targets and Weights.
- (d) HCA will assess need for mid-year changes. If for some reason a Quality Measure is changed during a Performance Year by the NQF, or other entity upon which the parties are relying for a Quality Measure, the parties will meet and HCA will determine whether to continue to use that Quality Measure for the remainder of the Performance Year, substitute a new Quality Measure or take some other action. Regardless of the actions taken, the Associated Percentage of Net Savings for each Quality Measure will be readjusted if necessary to assure that the sum of the Associated Percentage of Net Savings for all quality Targets is not reduced below [REDACTED] percent ([REDACTED]).

## **Exhibit 5          Attachment 1**

### **CG-CAHPS: Member Experience Survey performed by the Contractor**

The Contractor will measure and report on the following four CG-CAHPS Composite Measures and supplemental questions:

#### **1. Getting Appointments and Health Care When Needed (Member Satisfaction w/Timely Care)**

This is a composite measure of five CG-CAHPS survey questions asking the Member to respond with “Always, Usually, Sometimes, or Never”. The metric reports on the percentage a Member responds “always”.

**Question 6:** Received appointments when needed for care needed right away

**Question 8:** Received appointments when needed for routine care

**Question 10:** Received answers to questions as soon as needed when calling during office hours

**Question 12:** Received answers to questions as soon as needed when calling after office hours

**Question 13:** Saw provider within 15 minutes of appointment time

#### **2. How Well Providers Communicate**

This is a composite measure of six CG-CAHPS survey questions asking the Member to respond with “Always, Usually, Sometimes, or Never”. The metric reports on the percentage Members respond “always”.

**Question 14:** Provider explained things in a way that was easy to understand

**Question 15:** Provider listened carefully to you

**Question 17:** Provider gave easy to understand information about health questions or concerns

**Question 18:** Provider seemed to know important information about medical history

**Question 19:** Provider showed respect for what you had to say

**Question 20:** Provider spent enough time with you

### **3. Courteous and Helpful Office Staff**

This is a composite measure of two CG-CAHPS survey questions asking the Member to respond with Always, Usually, Sometimes, Never. The metric reports on the percentage Members responding “always”.

**Question 24:** Clerks and receptionists were helpful

**Question 25:** Clerks and receptionists treated you with courtesy and respect

### **4. Overall Provider Rating**

This measure reflects patient responses to a single CG-CAHPS survey question in which patients were asked to rate the provider.

**Question 23:** The metric reports on the percentage of those who rated the provider either a 9 or 10 (on a scale of 0 to 10).

### **5. Supplemental CG-CAHPS Questions**

The Contractor will be responsible for measure and reporting all CG-CAHPS supplemental questions selected by the Washington Health Alliance, starting in 2016.

**EXHIBIT 6 PLAN SUPPLIER LIST**

<b>HCA Plan Suppliers</b>	<b>Service or program</b>	<b>Covered Service?</b>	<b>Allowed Amounts included in Financial Reconciliation?</b>
Regence	Provider Network & Utilization Management	Yes	Yes
MODA	Pharmacy	Yes	Yes
Alere	Quit for Life	No	No
DPCA	Diabetes Prevention	No	No
Limeade	Wellness Program	No	No
MC Source	HCA Data Warehouse Feeds	No	No
Mercer	Annual Audit	No	No
Milliman	Unit Cost and DOHM	No	No
The Myers Group	CAHPS	No	No

## EXHIBIT 7 DATA SHARING AGREEMENT

### DATA SHARING TERMS AND CONDITIONS

#### PURPOSE

The purpose of this Data Share Agreement (DSA) is to provide the terms and conditions that govern data sharing and security to fulfill the terms of this Contract.

#### 1. DEFINITIONS

Definitions in Section 3.37 of this Contract are incorporated into Exhibit 7, except for the purposes of this Exhibit the following terms have the given meanings and supersede any conflicting definition in the Contract:

**“Agreement”** means this Data Sharing Agreement, which is Exhibit 7 to the Contract.

**“Authority”** or **“HCA”** shall mean the Washington State Health Care Authority, any section, unit or other entity of the Authority, or any of the officers or other officials lawfully representing the Authority.

**“Authorized User(s)”** means an individual or individuals with an authorized business need to access HCA Confidential Information.

**“CFR”** means the Code of Federal Regulations. All references in this Data Share Agreement to CFR chapters or sections shall include any Successor, amended, or replacement regulation. The CFR may be accessed at <http://www.gpoaccess.gov/cfr/index.html>

**“Confidential Information”** means information that is exempt from disclosure under Chapter 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, Personally Identifiable Information (PII) and Protected Health Information (PHI).

**“Contract”** means the entire HCA Contract Number K1471, including any Exhibits, documents, or materials incorporated by reference.

**“Contract Consultant”** shall mean the individual designated to receive legal notices, and to administer, amend, or terminate this Agreement.

**“Contractor”** means the individual or entity performing services pursuant to this Agreement and includes the Contractor’s owners, members, officers, directors, partners, employees, and/or agents, unless otherwise stated in this Agreement. For purposes of any permitted Subcontract, “Contractor” includes any Subcontractor and its owners, members, officers, directors, partners, employees, and/or agents.

**“Data”** means the information that is disclosed or exchanged as described by this Contract.

**“Data Access”** refers to rights granted to Contractor employees to directly connect to HCA’s systems, networks and /or applications via the State Governmental Network (SGN) combined with required information needed to implement these rights.

**“Data Transmission”** refers to the methods and technologies to be used to move a copy of the data between HCA and Contractor systems, networks and/or employee workstations.

**“Data Storage”** refers to the state data is in when at rest. Data can be stored on off-line devices such as CD’s or on-line on Contractor servers or Contractor employee workstations.

**“Data Encryption”** refers to ciphers, algorithms or other mechanisms that will encode data to protect its confidentiality. Data encryption can be required during data transmission or data storage depending on the level of protection required.

**“Encrypt”** means the conversion of data into a form that cannot be read without the decryption key or password. For purposes of this Agreement, data is not encrypted unless the encryption uses a key length of at least 128 bits.

**“Hardened Password”** means a string of at least eight characters containing at least three (3) of the following character classes: (1) upper case letters, (2) lower case letters, (3) numerals and (4) special characters such as an asterisk, ampersand or exclamation point.

**“Personal Information”** means information identifiable to any person, including, but not limited to, information that relates to a person’s name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, drivers license numbers, credit card numbers, any other identifying numbers, and any financial identifiers.

**“Physically Secure”** means that access is restricted through physical means to authorized individuals only.

**“Protected Health Information”** or **“PHI”** is defined in 45 CFR § 160.103.

**“RCW”** means the Revised Code of Washington. All references in this Agreement to RCW chapters or sections shall include any successor, amended, or replacement statute. Pertinent RCW chapters can be accessed at: <http://apps.leg.wa.gov/rcw/>.

**“Regulation”** means any federal, state, or local regulation, rule, or ordinance.

**“Secured Area”** means an area to which only authorized representatives of the entity possessing the Confidential Information have access. Secured Areas may include buildings, rooms or locked storage containers (such as a filing cabinet) within a room, as long as access to the Confidential Information is not available to unauthorized personnel.

**“Sensitive Information”** means information that is not specifically protected by law, but should be limited to official use only, and protected against unauthorized access.

**“Subcontract”** means any separate agreement or contract between the Contractor and an individual or entity (“Subcontractor”) to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Agreement.

**“Successor”** means any entity which, through amalgamation, consolidation, or other legal succession becomes invested with rights and assumes burdens of the original Contractor.



“**Tracking**” means a record keeping system that identifies when the sender begins delivery of Confidential Information to the authorized and intended recipient, and when the sender receives confirmation of delivery from the authorized and intended recipient of Confidential Information.

“**Transmitting**” means the transferring of data electronically, such as via email.

“**Transporting**” means the physical transferring of data that has been stored.

“**Trusted Systems**” include only the following methods of physical delivery:

- i. Hand-delivery by a person authorized to have access to the Confidential Information with written acknowledgement of receipt;
- ii. United States Postal Service (USPS) first class mail, or USPS delivery services that include Tracking, such as Certified Mail, Express Mail or Registered Mail;
- iii. Commercial delivery services (e.g. FedEx, UPS, DHL) which offer tracking and receipt confirmation; and
- iv. The Washington State Campus mail system.

For electronic transmission, the Washington State Governmental Network (SGN) is a Trusted System for communications within that Network.

“**Unique User ID**” means a string of characters that identifies a specific user and which, in conjunction with a password, passphrase, or other mechanism, authenticates a user to an information system.

“**USC**” means the United States Code. All references in this Intergovernmental Data Share Agreement to USC chapters or sections shall include any successor, amended, or replacement statute. The USC may be accessed at <http://www.gpoaccess.gov/uscode/>.

“**WAC**” means the Washington Administrative Code. All references in this Agreement to WAC chapters or sections shall include any successor, amended, or replacement regulation. Pertinent WAC chapters or sections can be accessed at: <http://apps.leg.wa.gov/wac/>

## 2. DATA CLASSIFICATION

HCA must classify data into categories based on the sensitivity of the data.

Agency data classifications must translate to or include the following classification categories:

**Category 1 – Public Information**

Public information is information that can be or currently is released to the public. It does not need protection from unauthorized disclosure, but does need integrity and availability protection controls.

**Category 2 – Sensitive Information**

Sensitive information may not be specifically protected from disclosure by law and is for official use only. Sensitive information is generally not released to the public unless specifically requested.

**Category 3 – Confidential Information**

Confidential Information is information that is specifically protected from disclosure by law. It may include but is not limited to:

- a. Personal information about individuals, regardless of how that information is obtained.
- b. Information concerning employee personnel records.
- c. Information regarding IT infrastructure and security of computer and telecommunications systems.
- d. Contractor is required to complete a Business Associates Agreement (BAA).

**Category 4 – Confidential Information Requiring Special Handling**

Confidential Information requiring special handling is information that is specifically protected from disclosure by law and for which:

- a. Especially strict handling requirements are dictated, such as by statutes, regulations, or agreements.
- b. Serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.
- c. Contractor is required to complete a Business Associates Agreement (BAA).

### **3. DATA TRANSMISSION**

When transmitting HCA Confidential Information electronically, including via email, the Data shall be protected by:

- a. Transmitting the Data within the (State Governmental Network) SGN or Contractor's internal network, or;
- b. Encrypting any Data that will be transmitted outside the SGN or Contractor's internal network with 128-bit Advanced Encryption Standard (AES) encryption or better. This includes transit over the public Internet.

### **4. CONSTRAINTS ON USE OF DATA**

This Agreement does not constitute a release of the data for the Contractor's discretionary use, but may be accessed only to carry out the responsibilities for the purposes of this Contract. Any ad hoc analyses or other use of the data, not specified in this Contract, is not permitted without the prior written agreement of HCA.

If Applicable - The raw data and analysis generated will not identify personal information by name, and will be used for summary reporting purposes only. Any and all reports utilizing the data shall be subject to review prior to publication or presentation.

### **5. SECURITY OF DATA**

#### **A. Data Protection**

Contractor shall take due care and take commercially best efforts to protect HCA data from unauthorized physical and electronic access.

B. Data Security Technology Standards

The Office of the Chief information Officer (OCIO) with state of Washington has set requirements for maintaining system and network security, data integrity, and confidentiality outlined under OCIO Standard 141.10. All parties are to adhere to this security standard that is available for review on the OCIO website as referenced in below link:

<https://ocio.wa.gov/policies/141-securing-information-technology-assets/14110-securing-information-technology-assets>

C. IT Data Security Administration

HCA and Contractor IT Data Security Administrators will exchange documentation that outlines the data security program components supporting this Agreement.

**6. NON-DISCLOSURE OF DATA**

Before receiving the data identified above, the Contractor shall notify all staff that will have access to the data of the following requirements. This notification shall include all IT support staff as well as staff who will use the data. A copy of this notification shall be provided to HCA at the same time it is provided to relevant Contractor staff.

A. Non-Disclosure of Data

- a) Contractor staff shall not disclose, in whole or in part, the data provided by HCA to any individual or agency, unless this Agreement specifically authorizes the disclosure. Data may be disclosed only to persons and entities that have the need to use the data to achieve the stated purposes of this Agreement and this Contract.
- b) Contractor shall not access or use the data for any commercial or personal purpose.
- c) Any exceptions to these limitations must be approved in writing by HCA.

B. Penalties for Unauthorized Disclosure of Information

In the event the Contractor fails to comply with any Terms of this Agreement or this Contract, HCA shall have the right to take such action as it deems appropriate. The exercise of remedies pursuant to this paragraph shall be in addition to all sanctions provided by law, and to legal remedies available to parties injured by unauthorized disclosure.

The Contractor accepts full responsibility and liability for any violations of the Agreement.

C. Employee Awareness of Use/Non-Disclosure Requirements

The Contractor shall ensure that all staff with access to the data described in this Agreement or this Contract are aware of the use and disclosure requirements of this Agreement and will advise new staff of the provisions of this Agreement.

Contractor will provide an annual reminder to staff of these requirements. (Optional)

## 7. DATA CONFIDENTIALITY

- A. The Contractor shall not use, publish, transfer, sell or otherwise disclose any Confidential Information gained by reason of this Agreement for any purpose that is not directly connected with Contractor's performance of the services contemplated hereunder, except:
- i. as provided by law; or,
  - ii. in the case of Personal Information, with the prior written consent of the person or personal representative of the person who is the subject of the Personal Information.
- B. Individuals will access data only for the purpose of this Agreement or this Contract. Each individual with data access shall read and sign Attachment A, "Non-Disclosure of HCA Confidential Information," prior to access to the data. These forms shall be sent to the HCA Contract Administrator listed in Section 2.10 of this Contract.
- C. The Contractor shall protect and maintain all Confidential Information gained by reason of this Agreement against unauthorized use, access, disclosure, modification or loss. This duty requires the Contractor to employ reasonable security measures, which include restricting access to the Confidential Information by:
- i. Allowing access only to Authorized Users.
  - ii. Physically securing any computers, documents, or other media containing the Confidential Information.
  - iii. Ensure the security of Confidential Information transmitted via fax (facsimile) by:
    - a. Verifying the recipient phone number to prevent accidental transmittal of Confidential Information to unauthorized persons.
    - b. Communicating with the intended recipient before transmission to ensure that the fax will be received only by an Authorized User.
    - c. Verifying after transmittal that the fax was received by the intended recipient.
- D. When transporting six (6) or more records containing Confidential Information, outside a Secured Area, do one or more of the following as appropriate:
- i. Use a Trusted System.
  - ii. Encrypt the Confidential Information, including:
    - a. Encrypting email and/or email attachments which contain the Confidential Information.
    - b. Encrypting Confidential Information when it is stored on portable devices or media, including but not limited to laptop computers and flash memory devices.
  - iii. Send paper documents containing Confidential Information via a Trusted System.

- E. The Contractor shall not release, divulge, publish, transfer, sell, disclose, or otherwise make the Confidential Information or Sensitive Data known to any other entity or person without the express prior written consent of the Authority's Public Disclosure Office, or as required by law.

If responding to public record disclosure requests under Chapter 42.56 RCW, the Contractor agrees to notify and discuss with the Authority's Public Disclosure Officer requests for all information that are part of this Contract, prior to disclosing the information. The Authority upon request shall provide the Contractor with the name and contact information for the Authority Public Disclosure Officer. The Contractor further agrees to provide the Authority with a minimum of two calendar weeks to initiate legal action to secure a protective order under RCW 42.56.540.

## 8. PROTECTION OF DATA HANDLING REQUIREMENTS

The Contractor agrees to store Data on one or more of the following media and protect the Data as described:

- a. **Hard disk drives.** Data stored on local workstation hard disks. Access to the Data will be restricted to Authorized User(s) by requiring logon to the local workstation using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards.
- b. **Network server disks.** Data stored on hard disks mounted on network servers and made available through shared folders. Access to the Data will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on disks mounted to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

For HCA Confidential Information stored on these disks, deleting unneeded Data is sufficient as long as the disks remain in a Secured Area and otherwise meet the requirements listed in the above paragraph. Requirements relating to destruction of the Data as outlined in Section 9 of this Exhibit. Data Disposition may be deferred until the disks are retired, replaced, or otherwise taken out of the Secured Area.

- c. **Removable Media, including Optical discs (CDs or DVDs) in local workstation optical disc drives and which will not be transported out of a secure area.** Sensitive or Confidential Data provided by HCA on removable media, such as optical discs or USB drives, which will be used in local workstation optical disc drives or USB connections shall be encrypted with 128-bit AES encryption or better. When not in use for the contracted purpose, such discs must be locked in a drawer, cabinet or other container to which only authorized personnel have the key, combination or mechanism required to access the contents of the container. Workstations which access HCA Data on optical discs must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

- d. **Optical discs (CDs or DVDs) in drives or jukeboxes attached to servers and which will not be transported out of a secure area.** Data provided by HCA on optical discs which will be attached to network servers shall be encrypted with 128-bit AES encryption or better. Access to Data on these discs will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has been authenticated to the network using a unique user ID and complex password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on discs attached to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
- e. **Paper documents.** Any paper records must be protected by storing the records in a secure area which is only accessible to Authorized Users. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.
- f. **Access via remote terminal/workstation over the State Governmental Network (SGN).** Data accessed and used interactively over the SGN. Access to the Data will be controlled by HCA staff who will issue authentication credentials (e.g. a unique user ID and complex password) to Authorized Users. Contractor shall have established and documented termination procedures for existing Authorized Users with access to HCA Data. These procedures shall be provided to HCA staff upon request. The Contractor will notify HCA staff immediately whenever an Authorized User in possession of such credentials is terminated or otherwise leaves the employ of the Contractor, and whenever a user's duties change such that the user no longer requires access to perform work for this Contract.
- g. **Access via remote terminal/workstation over the Internet through Secure Access Washington.** Data accessed and used interactively over the Internet. Access to the Data will be controlled by HCA staff who will issue remote access authentication credentials (e.g. a unique user ID and complex password) to Authorized Users. Contractor will notify HCA staff immediately whenever an Authorized User in possession of such credentials is terminated or otherwise leaves the employ of the Contractor and whenever a user's duties change such that the user no longer requires access to perform work for this Contract.
- h. **Data storage on portable devices or media.**
  - 1. HCA Data shall not be stored by the Contractor on portable devices or media unless specifically authorized within the Special Terms and Conditions of the contract. If so authorized, the Data shall be given the following protections:
    - a. Encrypt the Data with a key length of at least 128 bits using an industry standard algorithm (e.g., AES)
    - b. Control access to devices with a unique user ID and password or stronger authentication method such as a physical token.
    - c. Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.

2. Physically protect the portable device(s) and/or media by:
  - a. Keeping them in locked storage when not in use
  - b. Using check-in/check-out procedures when they are shared, and
  - c. Maintaining an inventory
3. When being transported outside of a secure area, portable devices and media with confidential HCA Data must be under the physical control of Contractor staff with authorization to access the Data.
4. Portable devices include any small computing device that can be transported. They include, but are not limited to; handhelds/PDAs/phones, Ultramobile PCs, flash memory devices (e.g. USB flash drives, personal media players), and laptop/notebook/tablet computers.
5. Portable media includes any Data storage that can be detached or removed from a computer and transported. They include, but are not limited to; optical media (e.g. CDs, DVDs), magnetic media (e.g. floppy disks, tape.), USB drives, or flash media (e.g. CompactFlash, SD, MMC).

Contractor will store all Data in an encrypted form on a server with access limited to the least number of Contractor staff needed to complete the purpose of this Contract.

## 9. DATA DISPOSITION

When the contracted work has been completed or when no longer needed, except as noted in 13.h above, Data shall be returned to HCA or destroyed. Media on which Data may be stored and associated acceptable methods of destruction are as follows:

DATA STORED ON:	WILL BE DESTROYED BY:
Server or workstation hard disks, or  Removable media (e.g. floppies, USB flash drives, portable hard disks, Zip or similar disks)	Using a "wipe" utility which will overwrite the Data at least three (3) times using either random or single character Data, or  Degaussing sufficiently to ensure that the Data cannot be reconstructed, or  Physically destroying the disk
Paper documents with sensitive or confidential Data	Recycling through a contracted firm provided the contract with the recycler assures that the confidentiality of Data will be protected.
Paper documents containing Confidential Information requiring special handling (e.g. Protected Health Information)	On-site cross-cut shredding by a method that renders the Data unreadable, pulping, or incineration
Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or cutting/breaking into small pieces.
Magnetic tape	Degaussing, incinerating or crosscut shredding

## **10. NOTIFICATION OF COMPROMISE OR POTENTIAL COMPROMISE**

The Contractor shall have an established and documented policy to deal with the compromise or potential compromise of Data that complies with the HITECH Act of ARRA 2009. The Contractor shall provide HCA staff a copy of such policy upon request. Contractor shall be responsible for any cost associated with a compromise or potential compromise.

Contractor will report to HCA any use or disclosure of the Protected Health Information not provided for by this Agreement or this Contract. Contractor will make these reports to the HCA contract manager within five (5) Business Days after the use or disclosure, or within five (5) Business Days after Contractor discovers a use or disclosure that is likely to involve ACP Members, whichever is later. If Contractor cannot provide conclusive information relating to the use or disclosure until a full investigation has occurred, then it will provide what information it can within five (5) Business Days, and full details no later than fifteen (15) Business Days after discovery of the use or disclosure.

## **11. NOTICE OF BREACH**

For purposes of this provision, "breach" has the meaning defined in 45 CFR § 164.402. If Contractor or any Subcontractor of it allegedly makes or causes, or fails to prevent, a use or disclosure constituting a Breach, and notification of that use or disclosure must (in the judgment of HCA) be made under 45 CFR part 164, subpart D (§§ 164.402 et seq.) or under RCW 45.56.590 or RCW 19.255.010 or other applicable law, then

- (a) HCA may choose to make the notifications or direct Contractor to make them, and
- (b) Contractor will pay the costs of the notification and offer to pay the full amount of twelve (12) months of credit monitoring to ACP Members impacted by the Breach or possible Breach.

Contractor will ensure that any agents, including a Subcontractor, to whom it provides any of the Data agrees to the same restrictions and conditions that apply to the limited data set recipient with respect to such information.

The reporting obligations of this Section do not apply to Covered Entity functions of network member providers of Contractor, including their role as treatment providers for ACP Members.

## **12. DATA SHARED WITH SUB-CONTRACTORS**

The Contractor is prohibited to enter into subcontracts for the purposes under this Agreement without obtaining prior written approval from HCA. In no event shall the existence of the subcontract operate to release or reduce the liability of the Contractor to HCA for any breach in the performance of the Contractor's responsibilities.

Additionally, the Contractor is responsible for ensuring that all terms, conditions, assurances and certifications set forth in this Agreement are carried forward to any subcontracts. Contractor and its Subcontractors agree not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons personal information without the express written consent of HCA or as provided by law.



### **13. OVERSIGHT**

The Contractor agrees that HCA will have the right, at any time, to monitor, audit, and review activities and methods in implementing this Agreement in order to assure compliance therewith, within the limits of technical capabilities.

**Attachment A  
NONDISCLOSURE OF  
HCA CONFIDENTIAL INFORMATION**

**CONFIDENTIAL INFORMATION**

As an employee of Puget Sound High Value Network, which is doing business with the Washington State Health Care Authority under Contract No. **K1471**, you may be given access to the HCA's records and information that are deemed private and confidential by statute. Confidential Information includes, but is not limited to, social security numbers, individual Protected Health Information, client names, or any other information identifying individual clients.

I understand:

1. The requirements of this Data Share Agreement for protecting Confidential Information;
2. The penalties and sanctions associated with unauthorized information access or disclosure; and
3. My responsibilities to keep HCA's information and systems secure, as explained in this Data Share Agreement.

**REGULATORY REQUIREMENTS AND PENALTIES**

Federal and state law prohibits disclosing Confidential Information about individual clients and employees.

**EMPLOYEE ASSURANCE OF CONFIDENTIALITY**

As an employee of Puget Sound High Value Network, I commit and agree to be bound by the following:

1. I certify not to review, divulge, publish, mention, or otherwise make known to any unauthorized person or entity either orally, in writing, or by electronic means, any confidential client information;
2. Furthermore, other than performing my authorized business functions under this [Data Share Agreement, Exhibit 7 of Contract K1471](#), I will forward all requests that I may receive for the disclosure of confidential client information to my supervisor and the HCA's Program Manager who collective shall determine the disposition of such request; and
3. I understand that my assurance of confidentiality and these requirements do not cease at the time I terminate my relationship as an employee of **Puget Sound High Value Network**. I agree to be bound by this [Data Share Agreement, Exhibit 7 of Contract K1471](#), and by the regulations on confidentiality for one year following termination as an employee of **Puget Sound High Value Network**.

**FREQUENCY OF EXECUTION AND DISPOSITION INSTRUCTIONS**

This form will be executed by each employee and updated annually during the Term of this [Data Share Agreement](#). Provide the employee with a copy of this [Data Share Agreement](#) and retain the original of each execution in the employee's personnel file for six years.

**SIGNATURE**

PRINT EMPLOYEE'S NAME	EMPLOYEE'S SIGNATURE	DATE
PRINT SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE

## **EXHIBIT 8 BUSINESS ASSOCIATE AGREEMENT**

This BUSINESS ASSOCIATE AGREEMENT is made between Puget Sound High Value Network (Business Associate) and the Washington State Health Care Authority (HCA). This agreement does not expire or automatically terminate except as stated in Section 5 of this Exhibit.

This Agreement relates to all business relationships between the Business Associate and HCA unless otherwise agreed. Business Associate is or may be a “Business Associate” of HCA as defined in the HIPAA Rules. Notwithstanding the foregoing, this Agreement and its obligations and requirements does not apply Covered Entity functions of network member providers of Business Associate, including their role as treatment providers for Clients. If there is a conflict between the provisions of this Agreement and provisions of the Contracts, this Agreement controls; otherwise, the provisions in this Agreement do not replace any provisions of any other Contracts. If the Contract is terminated, this Agreement nonetheless continues in effect.

This Business Associate Agreement supersedes any existing Business Associate Agreement the Business Associate may have with HCA. It also supersedes any “business associate” section in an Underlying Contract.

### **1. Definitions**

Definitions in Section 3.37 of the Contract are incorporated into Exhibit 8, except for the purposes of this Exhibit the following terms have the given meanings and supersede any conflicting definition in the Underlying Contract:

#### **1.1. Access attempts**

Information systems are the frequent target of probes, scans, “pings,” and other activities that may or may not indicate threats, whose sources may be difficult or impossible to identify, and whose motives are unknown, and which do not result in access or risk to any information system or PHI. Those activities are “access attempts.”

#### **1.2. Agreement**

“Agreement” means this Business Associate Agreement, which is Exhibit 8 to the Contract.

#### **1.3. Day**

“Day” means Business Days observed by Washington State government.

#### **1.4. Catch-all definitions**

The following terms used in this Agreement have the same meaning as those terms in the HIPAA Rules: Breach, Business Associate, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information (PHI), and Use.

## **1.5. Clients or Individuals**

"Clients" or "individuals" shall have the same meaning as the term "Members" under the Contract.

## **1.6. Contract or Underlying Contract**

"Contract" or "Underlying Contract" means the entire HCA Contract Number K1471, including any Exhibits, documents, or materials incorporated by reference.

## **1.7. Effective Date**

"Effective Date" means the date of the signature with the latest date affixed to the Underlying Contract.

## **1.8. HIPAA Rules; Security, Breach Notification, and Privacy Rules**

"HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164, as now in effect and as modified from time to time. In part 164 of title 45 CFR, the "Security Rule" is subpart C (beginning with §164.302), the "Breach Notification Rule" is subpart D (beginning with § 164.400), and the "Privacy Rule" is subpart E (beginning with § 164.500). PHI for purposes of this Agreement does not refer to Protected Health Information received or created by network member providers of Business Associate, in their capacity as Covered Entities.

## **1.9. Protected Health Information or PHI**

"Protected Health Information" has the same meaning as in the HIPAA Rules except that in this Agreement the term includes only information created by Business Associate or any of its Contractors, or received from or on behalf of HCA, and relating to Clients. "PHI" means Protected Health Information.

## **2. Obligations and Activities of Business Associate**

### **2.1. Limits**

Business Associate will not use or disclose PHI other than as permitted or required by the Contract or this Agreement or as required by law. Except as otherwise limited in this Agreement, Business Associate may use or disclose PHI on behalf of, or as necessary for purposes of the Underlying Contract, if such use or disclosure of PHI would not violate the Privacy Rule if done by a Covered Entity and is the minimum necessary.

### **2.2. Safeguards**

Business Associate will use appropriate safeguards, and will comply with the Security Rule with respect to electronic PHI, to prevent use or disclosure of PHI other than as provided for by the Contract or this Agreement. Business Associate will store and transfer PHI in encrypted form.

## 2.3. Reporting Security Incidents

- 2.3.1. Business Associate will report security incidents that materially interfere with an information system used in connection with PHI. Business Associate will report those security incidents to HCA within five days of their discovery by Business Associate. If such an incident is also a Breach or may be a Breach, subsection 2.4 of this Exhibit applies instead of this provision.
- 2.3.2. Access Attempts shall be recorded in Business Associate's system logs. Access Attempts are not categorically considered unauthorized use or disclosure, but Access Attempts do fall under the definition of Security Incident and Business Associate is required to report them to HCA.

Since Business Associate's reporting and HCA's review of all records of Access Attempts would be materially burdensome to both parties without necessarily reducing risks to information systems or PHI, the parties agree that Business Associate will review logs and other records of Access Attempts, will investigate events where it is not clear whether or not an apparent Access Attempt was successful, and determine whether an Access Attempt:

- a. Was in fact a "successful" unauthorized Access to, or unauthorized Use, Disclosure, modification, or destruction of PHI subject to this Agreement, or
  - b. Resulted in material interference with Business Associate's information system used with respect to PHI subject to this Agreement, or
  - c. Caused an unauthorized use or disclosure.
- 2.3.3. Subject to Business Associate's performance as described in 2.3.2., this provision shall serve as Business Associate's notice to HCA that Access Attempts will occur and are anticipated to continue occurring with respect to Business Associate's information systems. HCA acknowledges this notification, and Business Associate is not required to provide further notification of Access Attempts unless they are successful as described in Section 2.3.2. above in this Exhibit, in which case Business Associate will report them in accordance with Section 2.3.1 or Section 2.4 of this Exhibit.

## 2.4. Breach notification

- 2.4.1. "Breach" is defined in the Breach Notification Rule. The time when a Breach is considered to have been discovered is explained in that Rule. HCA, or its designee, is responsible for determining whether an unauthorized use or disclosure constitutes a Breach under the Breach Notification Rule, and for any notification under the Breach Notification Rule.
- 2.4.2. Business Associate will notify HCA of any unauthorized use or disclosure and any other possible Breach within five (5) days of discovery. If Business Associate does not have full details at that time, it will report what information it has, and provide full details within fifteen (15) Business Days after discovery. The initial report may be oral. Business Associate will give a written report to HCA, however, as soon as possible. To the extent possible, these reports must include the following:

- a. The identification of each individual whose PHI has been or may have been accessed, acquired, or disclosed;
  - b. The nature of the unauthorized use or disclosure, including a brief description of what happened, the date of the event(s), and the date of discovery;
  - c. A description of the types of PHI involved;
  - d. The investigative and remedial actions the Business Associate or its Subcontractor took or will take to prevent and mitigate harmful effects, and protect against recurrence;
  - e. Any details necessary for a determination of the potential harm to Individuals whose PHI is believed to have been Used or Disclosed and the steps such Individuals should take to protect themselves; and
  - f. Such other information as HCA may reasonably request.
- 2.4.3. If Business Associate determines that it has or may have an independent notification obligation under any state breach notification laws, Business Associate will promptly notify HCA. In any event, Business Associate will notify HCA of its intent to give any notification under a state breach notification law no fewer than ten (10) Business Days before giving such notification.
- 2.4.4. If Business Associate or any Subcontractor or agent of Business Associate actually makes or causes, or fails to prevent, a use or disclosure constituting a Breach within the meaning of the Breach Notification Rule, and if notification of that use or disclosure must (in the judgment of HCA) be made under the Breach Notification Rule, or RCW 42.56.590 or RCW 19.255.010, or other law or rule, then:
- a. HCA may choose to make any notifications to the individuals, to the Secretary, and to the media, or direct Business Associate to make them or any of them.
  - b. In any case, Business Associate will pay the reasonable costs of notification to individuals, media, and governmental agencies, and
  - c. Business Associate will offer to pay for twelve (12) months of credit monitoring to ACP Members impacted by the Breach or possible Breach described above.
- 2.4.5. Business Associate's obligations regarding breach notification survive the termination of this Agreement and continue for as long as Business Associate maintains the PHI and for any breach or possible breach at any time.

## 2.5. Subcontractors

Business Associate will ensure that any Subcontractors or agents that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to protective restrictions, conditions, and requirements at least as strict as those that apply to the Business Associate with respect to that information. Upon request by HCA, Business Associate will identify to HCA all its Subcontractors receiving PHI and provide copies of its agreements (including business associate agreements or contracts) with them. The fact that Business Associate subcontracted

or otherwise delegated any responsibility to a Subcontractor or anyone else does not relieve Business Associate of its responsibilities.

## **2.6. Access**

Business Associate will make available PHI in a designated record set to the HCA as necessary to satisfy HCA's obligations under 45 CFR § 164.524. Business Associate will give the information to HCA within five days of the request from the individual or HCA, whichever is earlier. If HCA requests, Business Associate will make that information available directly to the individual. If Business Associate receives a request for access directly from the individual, Business Associate will inform HCA of the request within three days, and if requested by HCA it will provide the access in accordance with the HIPAA Rules.

## **2.7. Amending PHI**

Business Associate will make any amendments to PHI in a designated record set as directed or agreed to by the HCA pursuant to 45 CFR § 164.526, or take other measures requested by HCA to satisfy HCA's obligations under that provision. If Business Associate receives a request for amendment directly from an individual, Business Associate will both acknowledge it and inform HCA within three days, and if HCA so requests act on it within ten days and inform HCA of its actions.

## **2.8. Accounting**

Business Associate will maintain and make available to HCA the information required to provide an accounting of disclosures as necessary to satisfy HCA's obligations under 45 CFR § 164.528. If Business Associate receives an individual's request for an accounting, it will either provide the accounting as required by the Privacy Rule or, at its option, pass the request on to HCA within ten (10) days after receiving it.

## **2.9. Obligations**

To the extent the Business Associate is to carry out one or more of HCA's obligations under the Privacy Rule, it will comply with the requirements of that rule that apply to HCA in the performance of such obligations.

## **2.10. Books, etc.**

Business Associate will make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

## **2.11. Mitigation**

Business Associate will mitigate, to the extent practicable, any harmful effect of a use or disclosure of PHI by Business Associate or any of its agents or Subcontractors in violation of the requirements of any of the HIPAA Rules, this Agreement, or the Contract.

## **2.12. Indemnification**

To the fullest extent permitted by law, Business Associate will indemnify, defend, and hold harmless the State of Washington, HCA, and all officials, agents and employees of the State from and against all claims of any kind arising out of or resulting from the performance of this Agreement, including Breach or violation of HIPAA Rules.

## **3. Permitted Uses and Disclosures by Business Associate**

### **3.1. Limited use and disclosure**

Except as provided in this Section 3 of this Exhibit, Business Associate may use or disclose PHI only as necessary to perform the services set forth in the Contract.

### **3.2. General limitation**

Business Associate will not use or disclose PHI in a manner that would violate the Privacy Rule if done by HCA.

### **3.3. Required by law**

Business Associate may use or disclose PHI as Required by Law.

### **3.4. De-identifying**

Business Associate may de-identify PHI in accordance with 45 CFR § 164.514(a)-(c).

### **3.5. Minimum necessary**

Business Associate will make uses and disclosures of only the minimum necessary PHI, and will request only the minimum necessary PHI.

### **3.6. Use and Disclosure for management and administration of Business Associate**

- 3.6.1. Subject to subsection 3.6.2 of this Exhibit, Business Associate may use and disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate.
- 3.6.2. The disclosures mentioned in subsection 3.6.1 above are permitted only if either:
  - a. The disclosures are required by law, or
  - b. Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and that the person will notify Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.



### **3.7. Aggregation**

Business Associate may use PHI to provide data aggregation services relating to the health care operations of the HCA, if those services are part of the Contract.

## **4. Activities of HCA**

### **4.1. Notice of privacy practices**

HCA will provide a copy of its current notice of privacy practices under the Privacy Rule to Business Associate on request. HCA will also provide any revised versions of that notice by posting on its website, and will send it on request.

### **4.2. Changes in permissions**

HCA will notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.

### **4.3. Restrictions**

HCA will notify Business Associate of any restriction on the use or disclosure of PHI that HCA has agreed to or is required to abide by under 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI. Business Associate will comply with any such restriction.

## **5. Term and Termination**

### **5.1. Term**

5.1.1. This Agreement is effective as of the earliest of:

- a. The first date on which Business Associate receives or creates PHI subject to this Agreement, or
- b. The Effective Date of the Contract, or if there is more than one Contract then the Effective Date of the first one to be signed by both parties.

5.1.2. This Agreement continues in effect until the earlier of:

- a. Termination of the provision of Services under the Contract or, if there is more than one Contract, under the last of the Contracts under which services are terminated,
- b. The termination of this Agreement as provided below, or
- c. The written agreement of the parties.

## 5.2. Termination for Cause

HCA may terminate this Agreement and the Contract (or either of them), if HCA determines Business Associate has violated a material term of the Agreement. The termination will be effective as of the date stated in the notice of termination.

## 5.3. Obligations of Business Associate Upon Termination

The obligations of the Business Associate under this subsection 5.3 of this Exhibit survive the termination of the Agreement. Upon termination of this Agreement for any reason, Business Associate will:

- 5.3.1. Retain only that PHI that is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
- 5.3.2. Return to HCA or, if agreed to by HCA, destroy the PHI that the Business Associate and any Subcontractor of Business Associate still has in any form (for purposes of this subsection 5.3, to destroy PHI is to render it unusable, unreadable, or indecipherable to the extent necessary to establish it is not Unsecured PHI, and Business Associate will provide HCA with appropriate evidence of destruction within ten days of the destruction);
- 5.3.3. Continue to use appropriate safeguards and comply with the Security Rule with respect to electronic PHI to prevent use or disclosure of the PHI, other than as provided for in this Agreement, for as long as Business Associate retains any of the PHI (for purposes of this subsection 5.3 of this Exhibit, If the PHI is destroyed it shall be rendered unusable, unreadable or indecipherable to the extent necessary to establish it is not Unsecured PHI. Business Associate will provide HCA with appropriate evidence of destruction);
- 5.3.4. Not use or disclose any PHI retained by Business Associate other than for the purposes for which the PHI was retained and subject to the same conditions that applied before termination;
- 5.3.5. Return to HCA, or, if agreed to by HCA, destroy, the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities; and
- 5.3.6. Business Associate's obligations relating to providing information to the Secretary and other government survive the termination of this Agreement for any reason.

## 5.4. Successor

Nothing in this Agreement limits the obligations of Business Associate under the Contract regarding giving data to HCA or to a Successor Business Associate after termination of the Contract.

## **6. Miscellaneous**

### **6.1. Amendment**

The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

### **6.2. Interpretation**

Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

### **6.3. HCA Contact for Reporting and Notification Requirements**

Business Associate will address all reporting and notification communications required in this Agreement to:

HCA Privacy Officer  
Washington State Health Care Authority  
626 8th Avenue SE  
PO Box 42700  
Olympia, WA 98504-2700  
Telephone: 360-725-1116  
E-mail: PrivacyOfficer@hca.wa.gov

**EXHIBIT 9      HEALTH CARE AUTHORITY RFA NO. 14-031**

RFA NO. 14-031 (including any and all amendments) is an integral part of this contract and is incorporated herein by this reference.

**EXHIBIT 10      CONTRACTOR'S RESPONSE TO HCA RFA NO. 14-031**

Contractor's proposal in response to RFA No. 14-031 is an integral part of this contract and is incorporated herein by this reference.

**EXHIBIT 11 Summary of Proprietary/Confidential Information**

In the table below, Contractor has designated portions of this Contract as “proprietary” or “confidential” under Section 3.24 (Public Records Act).

Note: Contractor must complete all fields in the table.

<b>Contract Section Number and Title</b>	<b>Page Number</b>	<b>Narrative Description of Why Information Must Be Protected</b>
G. Data and Reporting Requirements at Quarterly Meetings.	Page 9-11	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
2.7 FINANCIAL APPROACH AND GUARANTEES  2.8 COMPENSATION AND PAYMENT	Page 17-21	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
3.36 TERMINATION	Page 38-39	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
Exhibit 1.1	Page 51-53	The information is proprietary and

		constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
Exhibit 1.2	Page 54-67	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
Exhibit 1.3	Page 68-72	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
Exhibit 3.1 – Reduction of Net Deficit	Page 80-81	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
Exhibit 3.3 – Financial Terms	Page 83-86	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data

		unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
Exhibit 3.4 – Examples of Calculations for Net Savings and Deficits	Page 87-88	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
Exhibit 3.5 – Attribution	Page 89-90	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.
<b>EXHIBIT 5 QUALITY ACHIEVEMENT MEASUREMENT PROGRAM</b>	Page 98-138	The information is proprietary and constitutes a trade secret as it relates to data unique to Contractor's unique method of conducting business, data unique to Contractor's services and determining prices or rates to be charged for Contractor's services. (RCW 42.56.270(11)(b).) Contractor further reserves the right to assert exemption from disclosure under other applicable provisions of the Public Records Act under RCW 42.56 et seq.