

## Statement of Work

This Statement of Work is the goods and services to be provided by Harrington Health Benefit Services, Inc. to satisfy the terms of this Contract.

### Task 1: Initiate Project, Conduct Kick-Off Meeting and Establish Management Protocols

Harrington' Account Management Team members will attend at least a monthly review and coordination meeting with HIP staff. The meetings will be in the HIP offices unless otherwise agreed. No later than the end of the first month of each calendar quarter, there will also be a meeting to consider Harrington's performance over the preceding quarter, how to improve that performance, and Harrington's recommendations to HIP.

Subtask	Description
1.1	Define implementation project scope
1.2	Conduct initial kick-off meeting
1.3	Define program requirements
1.4	Develop business processes
1.5	Final Project Work Plan and Timeline

Deliverable: Project work plan and timeline

Due Date: August 1, 2008

### Task 2: Small Employer Enrollment in General

Beginning no later than, January 1, 2009, Harrington will administer small employer enrollment including accepting enrollment request forms on behalf of small employers and verifying eligibility. Applications may be submitted electronically or via paper application. Harrington will develop a website for small employers to apply, including links to information about enrollment in the HIP, designated health plans offered through the HIP, and terms and conditions of small employer enrollment. The website will also allow small employers to make required attestations in order to enroll. Harrington will follow the policies and procedures established by the HIP in determining small employer eligibility. Harrington will notify the HIP of newly eligible small employers. Once a small employer is enrolled in the HIP, Harrington will distribute the HIP Section 125 Handbooks to all newly eligible participating small employers.

Harrington will provide staff to process small employer enrollment in the HIP including receiving applications, distributing Section 125 Handbooks, and notifying the HIP, carriers and brokers of enrollment status.

Small employer enrollment includes the following subtasks:

<b>Subtask</b>	<b>Description</b>
2.1	Create customized enrollment forms
2.2	Create confirmation statements
2.3	Create and distribute communication materials prior to enrollment
2.4	Track and report on enrollment
2.5	Coordinate enrollment with brokers including accepting applications and making payments for commissions
2.6	Accept newly eligible employee data or changes via: <ul style="list-style-type: none"> <li>a. Web site your company provides to the employer</li> <li>b. Electronic feed from employer</li> <li>c. Processing of paper demographic data forms</li> </ul>
2.7	Determine plan eligibility based on specified criteria
2.8	Reconcile data with employer for missing or inaccurate data
2.9	Provide electronic feeds of eligibility data to carriers
2.10	Provide HCA with electronic access to eligibility and enrollment data
2.11	Calculate employee contributions based on data regarding employer contributions and potential state subsidy based on employees' gross family incomes
2.12	Provide monthly report (paper or electronic), of program participation including: <ul style="list-style-type: none"> <li>a. Number of participating employees for each participating employer</li> <li>b. Premium payments billed, received and transmitted</li> </ul>
2.13	Provide Notice of Terminations as required by COBRA
2.14	Provide Sec.125 plan compliance support e.g. plan document

Deliverable 1: System for small employer enrollment process developed and tested

Due Dates: Testing complete - December 19, 2008

Accept applications – January 1, 2009

### **Task 3: Subsidy Determination and Calculation Services**

Beginning not later than, January 1, 2009, Harrington will accept subsidy applications on behalf of participating small employers' employees, calculate family income, and determine eligibility and subsidy amount. Applications may be submitted electronically or via paper application. Once eligibility is determined Harrington will notify all applicants, participating employers and brokers of their eligibility status and subsidy level, if eligible.

Harrington will provide subsidy application processing for participating small employers' employees. Harrington will have sufficient employees, properly trained, handling this function. Application processing includes verifying Washington state residency and calculation gross family income according to the program rules established by the HIP.

Harrington will collect subsidy payments from the HCA and distribute subsidy payments to carriers on behalf of partnership participants in accordance with HIP instructions. In the case of a subsidy determination after enrollment in health insurance coverage, Harrington will reimburse partnership participants directly for up to one months' subsidy payment.

### Subtask 3.1: Subsidy Determination

All applications for premium subsidies will be directed to Harrington. Harrington will collect and verify documentation required to substantiate subsidy eligibility and use an eligibility database to calculate gross family income and subsidy amount, incorporating the following at a minimum:

- Appropriate edits and audits; all edits and audits are subject to approval by HIP, and changes will be given to HIP for review before they are implemented.
- Integration with all other units, teams, and subcontractors supporting subsidy determination, premium payment and other services.
- Edits to identify possible fraud or other anomalies needing attention.

If an application or required documentation is incomplete, Harrington will request the additional information needed from the applicant according to program rules.

All subsidy determination services will be the responsibility of a dedicated team of Harrington and supervisors. Specialized review services may be carried out in separate, general service units if mutually agreed upon. Harrington must periodically review the services provided outside the dedicated structure, for effectiveness and timeliness.

Subsidy determination includes the following subtasks:

Subtask	Description
3.1.1	Collect and verify documentation required to substantiate Subsidy Eligibility
3.1.2	Determine Subsidy eligibility (based on program rules and data contained in the application and accompanying documents) and calculate subsidy payment.
3.1.3	Provide tool to Brokers to calculate estimated subsidy for enrollment purposes
3.1.4	Report Subsidy eligibility to HCA electronically for subsidy payment reconciliation and demographic reporting.
3.1.5	Maintain employee and family members' demographic information for subsidy calculation
3.1.6	Provide support to eligible partnership participants to comply with submission of necessary subsidy information.
3.1.7	Maintain and transfer to the HCA information for subsidy eligibility determinations

### Subtask 3.2: Subsidy Calculation

Harrington's system must accommodate HIP's payment methodologies and policies used to calculate subsidy payments, including regular updates as directed by HIP. Harrington will monitor the system to assure payment accuracy.

When HIP changes the subsidy scale, Harrington will implement those changes as of the designated effective date.

Subsidy calculation includes the following subtasks:

<b>Subtask</b>	<b>Description</b>
3.2.1	Maintain participant individual accounts for subsidies and payment transactions
3.2.2	Calculate employee contributions based on data regarding employer contributions and potential state subsidy based on employees' gross family incomes
3.2.3	As applicable, transmit HCA subsidy payment to individual accounts for subsidy eligible partnership participants.

### Subtask 3.3: Subsidy Payment

Harrington will follow the time limits set forth in HIP policy for payment of HIP premiums and subsidies. Payment of premiums and subsidies will be made on or before the carrier-defined due dates.

If HIP or Harrington determines that any subsidy payment made by Harrington under this Agreement is more than the correct amount, or is to or on behalf of a non-subsidized person, Harrington will diligently attempt to recover that payment. Harrington will have reasonable time, not to exceed thirty (30) days, to initiate collection activities, (including setting up a repayment plan, initiating legal action or referring to a collection agency) to recover overpayments. Harrington will use only lawful means to seek to collect those payments. Harrington will keep the HIP informed as to the methods being used to recover those payments and the status of such efforts. Harrington is not required to take legal action to attempt recovery; however, if the HIP determines that legal action should be taken, Harrington will at the HIP's request bring the action in the name of the HCA. Any money recovered by Harrington will be credited to the HIP at the time of such recovery. HARRINGTON will report overpayments that have not been recovered within fifteen (15) days from the end of each quarter. Harrington will correct underpayments immediately upon becoming aware of them.

If HIP determines that any subsidy payment erroneously made by HIP to Harrington under this Agreement is more than the correct amount, or is on behalf

of a person not eligible for subsidy due to an error by Harrington, Harrington will credit that payment to HIP at the time such overpayment is discovered. Harrington is not required to repay subsidy payments made as a result of actions by enrollees outside of Harrington’s control.

Subsidy payment includes the following subtasks:

<b>Subtask</b>	<b>Description</b>
3.3.1	Maintain participant individual accounts for subsidies and payment transactions
3.3.2	Transmit HCA subsidy payment to individual accounts for subsidy eligible partnership participants.
3.3.3	Apply rules for delinquency and non-submission of subsidy eligibility information.
3.3.4	Collect subsidy payments from HCA and apply to employee payments for premiums

#### Subtask 3.4: Subsidy Tracking

Harrington will track subsidies by participating small employer group (as defined by HIP) on both a paid and projected basis. The reports will break down subsidy amounts by participating small employer, partnership participant and other groups as directed by HIP. Harrington will report the difference between owed and paid subsidies in detail and other elements as directed by HIP. Harrington will provide 24-month subsidy reports that display monthly subsidy payments for enrollment groups as defined by HIP.

Harrington will manage premium subsidy payments so as not to exceed appropriated funding. This includes creating a waiting list of eligible employees if funds are not available and moving waiting employees into a subsidy-eligible slot when one becomes available.

Harrington will maintain the records of premium and subsidy payment transactions. The records will be maintained for seven years. Harrington will maintain records sufficient to permit the HIP to perform an audit of payments.

Harrington will maintain premium and subsidy history data online for three years from the date of processing. These records will include, when applicable: billed and paid amounts, dates of payment, and other appropriate information.

Subsidy tracking includes the following subtasks:

<b>Subtask</b>	<b>Description</b>
3.4.1	Maintain “wait list” of subsidy eligible members and fill open slots as they become available

Subtask	Description
3.4.2	1. Provide monthly report (paper or electronic) of program participation including: <ol style="list-style-type: none"> <li data-bbox="451 302 1308 373">a. Partnership participants receiving subsidies and amounts received</li> </ol> Total subsidy payments made

Deliverable 3: System for subsidy determination and calculation developed and tested

Due Dates: System testing complete: December 19, 2008

Accept applications for premium subsidies – January 1, 2009

#### Task 4: Health Insurance Coverage Enrollment

Harrington will develop a database of products offered by HIP participating carriers for use by Harrington and HIP. Harrington will maintain that database. Harrington will load and maintain the product database adds, deletes, and changes within five business days of receipt of complete documentation. HIP will update the system as to the status of carriers and products available through the HIP. Harrington will update all other changes in carrier information, including address and other fields as directed by HIP. That maintenance includes at least the following:

- Perform prompt data entry of changes to database records of participating carriers;
- Upgrade the design of the database as requested in Work Orders;
- Extract and send data to the HIP, in suitable format; develop queries and run ad hoc reports as requested by HIP by Work Order;
- Resolve software problems found;
- Maintain hardware and software in Harrington's Bothell-area office compatible with the HIP carrier database.

Harrington will accommodate unique open enrollment periods for each participating small employer, with ability to enroll employers continuously throughout the year.

Harrington will verify that enrolling small employers meet eligibility requirements for purchasing small group health insurance coverage in Washington State. Harrington will re-verify qualifications to ensure that individuals, employees, dependents, and employer groups continue to meet program eligibility rules during the year and at open enrollment.

Harrington will process qualifying events for individuals employed by participating small employers and provide COBRA administration.

Enrollment in health insurance coverage includes the following subtasks:

<b>Subtask</b>	<b>Description</b>
4.1	Process newly eligible enrollments
4.2	Collect and verify documentation required to substantiate status changes
4.3	Process status changes
4.4	Report eligibility to carriers electronically
4.5	Provide HCA online access to plan enrollment data and statistics
4.6	Provide complete and compliant COBRA administration from notification through termination of COBRA coverage
4.7	Provide HIPAA notice of coverage.
4.8	Accept Plan Administration fiduciary responsibility

Deliverable: System for processing small employer enrollment in health insurance coverage developed and tested.

Due Date: System testing complete – December 19, 2009

Accept applications for health insurance coverage – January 1, 2009

### **Task 5: Premium Billing and Collection**

Beginning no later than March 1, 2009, Harrington will bill participating small employers for their premium amounts, collect the premium payments, and transmit them to the carriers. Harrington will direct bill partnership participants who are participating in COBRA, collect the premium payments, and transmit them to the carriers. Harrington will direct bill and collect premium payments from financial sponsors and philanthropies as appropriate and submit to carriers.

Harrington will notify participating employers of past due premiums and collect payment to transmit to carriers (active and COBRA).

Harrington will calculate surcharge (if needed) and subtract amount from premium payment before transmitting to carriers and submit to HCA for administrative costs of program.

All payments to carriers must be transmitted by the carrier-defined due date.

Harrington will establish a lockbox with a HCA approved bank to directly receive payments.

Harrington will reconcile the HIP's enrollment records with those of the participating carriers.

Premium billing and collection includes the following subtasks

<b>Subtask</b>	<b>Description</b>
5.1	Calculate premiums for single employer based on location and employee, spouse, or dependent age
5.2	Calculate premiums for employer based on number of family members
5.3	Adjust an employer group's bill to reflect the existence of subsidies for individual workers
5.4	Disburse subsidy payments to the appropriate health carrier
5.5	Reconcile premiums owed with individual subsidy amounts
5.6	Reconcile premiums owed with employer and employee contributions
5.7	Reconcile premiums owed with carriers
5.8	Monthly direct bill, post and collect premium payments from employers
5.9	Monthly direct bill, post, and collect premium payments from financial sponsors and philanthropies as appropriate
5.10	Monthly direct bill and accept payment from employees whose paycheck cannot cover the premium or who elect to continue coverage after employment terminates
5.11	Transmit premium payments to carriers
5.12	Audit and reconcile HCA bank accounts and individual employee accounts (e.g. subsidies and contributions)
5.13	Direct billing and administration related to billing participants or employers for past due premiums (active and COBRA)
5.14	Calculate surcharge, if needed, and subtract amount from premium payment before transmitting to carriers and apply toward administrative costs of program
5.15	Notify and follow up with employers who have not remitted premium, make partial payments, etc.

Deliverable 5: System for premium calculation, billing, collection and transmission developed and tested

Due Dates: System testing complete: December 19, 2008

Premium billing, collection and transmission – March 1, 2009

### **Task 6: Complaints and Appeals Services**

Beginning no later than January 1, 2009, HIP will direct all inquiries, complaints and first level appeals regarding small employer enrollment and subsidy determinations to Harrington. Harrington is responsible for answering questions or concerns received via phone, e-mail, or written correspondence from enrollees regarding employer enrollment or subsidy determination. Harrington will establish a dedicated post office box, a mechanism for receiving secure e-mail, and toll-free lines to accommodate this communication. Harrington will promptly refer calls and written inquiries related to other enrollee questions to the appropriate place for handling. Harrington will make available a toll free number for

nationwide use. HIP will instruct enrollees and others to direct questions to the HIP Customer Service center at those phone numbers. When enrollees appeal a HIP enrollment or subsidy eligibility issue, Harrington will tell them of the appeal processes described in the program policies and in the Washington Administrative Code (WAC). Complaints that are not resolved at the customer service level and that relate to subsidy determination or payment or denial of employer enrollment are subject to the appeals process described in the program policies and WAC.

Harrington will provide information promptly to the HIP staff when needed for appeal determinations, or other inquiries. Complaints and appeals will be handled in accordance with the program rules and applicable laws and regulations.

Deliverable 6: System for tracking complaints and appeals developed and tested  
Date Due: December 19, 2008

### **Task 7: Customer Service**

Beginning January 1, 2009, Harrington will provide customer service for HIP participating small employers, partnership participants, and for employers and employees considering enrolling. Harrington will have sufficient employees, properly trained, handling this function. Harrington will track and report on applicant and participant complaints and provide call statistics including answer time and time to resolution to HIP on a quarterly basis. Harrington will track and report on frequently asked questions and maintain an online knowledge base for customer service representatives. Harrington will also maintain a site for applicant and participants to locate answers to frequently asked questions.

#### Subtask 7.1: Online Access

Harrington will provide online access to the HIP, small employers, and brokers with read only capabilities to review enrollment, subsidy and premium status. Harrington will provide online system access to small employers to read and make changes to the employer account.

Online access includes the following subtasks:

<b>Subtask</b>	<b>Description</b>
7.1.1	Provide read-only online system access to employers, HIP, and brokers
7.1.2	Provide online system access to employers to read and make changes to employer account
7.1.3	Maintain an online knowledge base for customer service representatives
7.1.4	Maintain a site for participants to locate answers to frequently asked questions

### Subtask 7.2: Carrier and Agent/Broker Relations

Harrington will provide customer service for carriers and agents/brokers regarding HIP coverage, subsidies, small employer and employee eligibility, and other matters as needed. Harrington will have sufficient employees, properly trained to carry out this function.

### Subtask 7.3: Customer Service Line

Harrington will maintain a nation-wide toll-free phone number for inquiries from HIP participants, prospective participants, carriers, and agents and brokers. A sufficient number of trained, reliable individuals will be available to answer calls at least from 8:00 AM to 5:00 PM Pacific time, Monday through Friday except Washington State holidays. Harrington will provide multilingual call center staff. Individuals answering the customer service line will have no significant duties other than assisting HIP participants and prospective participants. They will have access to current information on pending subsidy determinations and payments, and employer enrollment and other matters necessary for assisting participants. This line will also have automated services for confirming eligibility and for checking enrollment status, available 24 hours every day.

Customer service line services include the following subtasks:

Subtask	Description
7.3.1	Directly answer employer, employee, carrier, agent/broker questions
7.3.2	Track and report on participant complaints
7.3.3	Provide client support services from 8:00am – 5:00 pm Pacific Time
7.3.4	Provide call statistics including answer time and time to resolution to HIP on a quarterly basis or as requested, under agreed upon criteria
7.3.5	Multilingual call center staff

Deliverable 7: Customer service database and tracking system developed and tested

Due Dates: System testing complete: December 19, 2008

Customer Service available: January 1, 2009

## Task 8: Reporting Services

Beginning January 1, 2009, Harrington will provide reports to HIP as described in Exhibit A.

At least once each month, Harrington will provide a status report to HIP. This report will show:

- What reports were due in the preceding thirty (30) days (or since the last such status report, whichever period is longer),

- When each one was due,
- When it was delivered, and
- For each report that was not delivered when due, the date when it will be delivered and the reason it is late.

Deliverable 8: Reports as described in Exhibit A  
Due Dates: January 1, 2009

### **Task 9: Data Access and Records Maintenance Services**

Beginning January 1, 2009, Harrington will provide access to data and records regarding HIP enrollment, subsidy determinations, calculations and payments.

#### Subtask 9.1: Online Access

HIP staff will be given online inquiry access, via remote terminal, to all elements of the subsidy determination and processing computer software as it relates to HIP's book of business, including subsidy amount and payment history, current eligibility status, customer service records, and eligibility. Harrington will provide to the HIP initial and ongoing training for subsidy processing system inquiry.

#### Subtask 9.2: Record Retention

Harrington will retain complete records of all subsidy determinations and payments for active accounts. If an account becomes inactive, this data will also be maintained for a minimum period of seven years. At the end of the seven-year retention period, records must either be transferred to HIP or destroyed at the option of the HIP. All such records, including but not limited to microfilm, fiches, and off-site sets, are the property of HIP and must be returned to HIP or its authorized representatives upon demand.

#### Subtask 9.3: Monthly Extracts

Harrington will provide accurate monthly extracts of enrollment, subsidy payment and carrier data. These will be provided directly to HIP. These will be in a format and on a schedule as directed by HIP. Harrington will change the extracts as directed from time to time by HIP by Work Order, and will test the changes and resolve all anomalies promptly and before implementation. Harrington will assist HIP in resolving any anomalies with the data. Harrington will notify HIP before making any changes that may affect any of the data extracts being provided. Harrington will work with HIP and the data warehouse manager to test and adjust the extract coding before changes are implemented.

#### Subtask 9.4: Database of determination and calculation decisions

Harrington will develop a database of subsidy determination and calculation decisions made by Harrington and by HIP, establish that database, and keep the database up to date. Harrington will make additions and updates to this

database, as required, to accommodate program requirements and changes.

HIP will have access to this database to view and modify it.

Deliverable 9: Workable plan providing for this database to be completed, tested, and operational no later than January 1, 2009.

Due Date: August 1, 2009

### **Exhibit B Deliverables**

The implementation fee has been established as a fixed price, dependent on deliverables and includes all costs for developing the items included in **Exhibit B Deliverables**, attached and incorporated by this reference. Payment for deliverables shall be contingent upon receipt and acceptance of deliverables by HCA.

<b>Task #</b>	<b>Deliverable</b>	<b>Due Date</b>
<b>Task 1:</b>	<b>Initiate Project, Conduct Kick-Off Meeting and Establish Management Protocols</b>	August 1, 2008
1.1	Define implementation project scope	
1.2	Conduct initial kick-off meeting	
1.3	Define program requirements	
1.4	Develop business processes	
1.5	Final Project Work Plan and Timeline	
<b>Task 2:</b>	<b>Small Employer Enrollment in General</b>	January 1, 2009
2.1	Create customized enrollment forms	
2.2	Create confirmation statements	
2.3	Create and distribute communication materials prior to enrollment	
2.4	Track and report on enrollment	
2.5	Coordinate enrollment with brokers including accepting applications and making payments for commissions	
2.6	Accept newly eligible employee data or changes via: <ul style="list-style-type: none"> <li>a. Web site your company provides to the employer</li> <li>b. Electronic feed from employer</li> <li>c. Processing of paper demographic data forms</li> </ul>	
2.7	Determine plan eligibility based on specified criteria	
2.8	Reconcile data with employer for missing or inaccurate data	
2.9	Provide electronic feeds of eligibility data to carriers	
2.10	Provide HCA with electronic access to eligibility and enrollment data	
2.11	Calculate employee contributions based on data regarding employer contributions and potential state subsidy based on employees' gross family incomes	

2.12	Provide monthly report (paper or electronic), of program participation including: a. Number of participating employees for each participating employer b. Premium payments billed, received and transmitted	
2.13	Provide Notice of Terminations as required by COBRA	
2.14	Provide Sec.125 plan compliance support e.g. plan document	
<b>Task 3:</b>	<b>Subsidy Determination and Calculation Services</b>	January 1, 2009
3.1.1	Collect and verify documentation required to substantiate Subsidy Eligibility	
3.1.2	Determine Subsidy eligibility (based on program rules and data contained in the application and accompanying documents) and calculate subsidy payment.	
3.1.3	Provide tool to Brokers to calculate estimated subsidy for enrollment purposes	
3.1.4	Report Subsidy eligibility to HCA electronically for subsidy payment reconciliation and demographic reporting.	
3.1.5	Maintain employee and family members' demographic information for subsidy calculation	
3.1.6	Provide support to eligible partnership participants to comply with submission of necessary subsidy information.	
3.1.7	Maintain and transfer to the HCA information for subsidy eligibility determinations	
3.2.1	Maintain participant individual accounts for subsidies and payment transactions	
3.2.2	Calculate employee contributions based on data regarding employer contributions and potential state subsidy based on employees' gross family incomes	
3.2.3	As applicable, transmit HCA subsidy payment to individual accounts for subsidy eligible partnership participants.	
3.3.1	Maintain participant individual accounts for subsidies and payment transactions	
3.3.2	Transmit HCA subsidy payment to individual accounts for subsidy eligible partnership participants.	
3.3.3	Apply rules for delinquency and non-submission of subsidy eligibility information.	
3.3.4	Collect subsidy payments from HCA and apply to employee payments for premiums	
3.4.1	Maintain "wait list" of subsidy eligible members and fill open slots as they become available	
3.4.2	Provide monthly report (paper or electronic) of program participation including: a. Partnership participants receiving subsidies and amounts received	

	b. Total subsidy payments made	
<b>Task 4:</b>	<b>Health Insurance Coverage Enrollment</b>	January 1, 2009
4.1	Process newly eligible enrollments	
4.2	Collect and verify documentation required to substantiate status changes	
4.3	Process status changes	
4.4	Report eligibility to carriers electronically	
4.5	Provide HCA online access to plan enrollment data and statistics	
4.6	Provide complete and compliant COBRA administration from notification through termination of COBRA coverage	
4.7	Provide HIPAA notice of coverage.	
4.8	Accept Plan Administration fiduciary responsibility	
<b>Task 5:</b>	<b>Premium Billing and Collection</b>	January 1, 2009
5.1	Calculate premiums for single employer based on location and employee, spouse, or dependent age	
5.2	Calculate premiums for employer based on number of family members	
5.3	Adjust an employer group's bill to reflect the existence of subsidies for individual workers	
5.4	Disburse subsidy payments to the appropriate health carrier	
5.5	Reconcile premiums owed with individual subsidy amounts	
5.6	Reconcile premiums owed with employer and employee contributions	
5.7	Reconcile premiums owed with carriers	
5.8	Monthly direct bill, post and collect premium payments from employers	
5.9	Monthly direct bill, post, and collect premium payments from financial sponsors and philanthropies as appropriate	
5.10	Monthly direct bill and accept payment from employees whose paycheck cannot cover the premium or who elect to continue coverage after employment terminates	
5.11	Transmit premium payments to carriers	
5.12	Audit and reconcile HCA bank accounts and individual employee accounts (e.g. subsidies and contributions)	
5.13	Direct billing and administration related to billing participants or employers for past due premiums (active and COBRA)	
5.14	Calculate surcharge, if needed, and subtract amount from premium payment before transmitting to carriers and apply toward administrative costs of program	
5.15	Notify and follow up with employers who have not remitted premium, make partial payments, etc.	
<b>Task 6:</b>	<b>Complaints and Appeals Services</b>	January 1, 2009
<b>Task 7:</b>	<b>Customer Service</b>	January 1, 2009
7.1.1	Provide read-only online system access to employers, HIP, and brokers	

7.1.2	Provide online system access to employers to read and make changes to employer account	
7.1.3	Maintain an online knowledge base for customer service representatives	
7.1.4	Maintain a site for participants to locate answers to frequently asked questions	
7.3.1	Directly answer employer, employee, carrier, agent/broker questions	
7.3.2	Track and report on participant complaints	
7.3.3	Provide client support services from 8:00am – 5:00 pm Pacific Time	
7.3.4	Provide call statistics including answer time and time to resolution to HIP on a quarterly basis or as requested, under agreed upon criteria	
7.3.5	Multilingual call center staff	
<b>Task 8:</b>	<b>Reporting Services</b>	January 1, 2009
<b>Task 9:</b>	<b>Data Access and Records Maintenance Services</b>	January 1, 2009