|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Users\ANDERM\Desktop\HCA-logo.png | | PROFESSIONAL SERVICES CONTRACT for  SEBB Short and/ or Long Term Disability Insurance | | | | | | | | | HCA Contract Number: K  Resulting from Solicitation Number: 2619  Contractor/Vendor Contract Number: | | | | |
| **THIS CONTRACT** is made by and between Washington State Health Care Authority, (HCA) and the [Contractor Name], (Contractor). | | | | | | | | | | | | | | | |
| CONTRACTOR NAME | | | | | | CONTRACTOR doing business as (DBA) | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| CONTRACTOR ADDRESS | Street | | | | | City | | | | | | State | | Zip Code | |
|  | | | | | |  | | | | | |  | |  | |
| CONTRACTOR CONTACT | | | | CONTRACTOR TELEPHONE | | | | | | | CONTRACTOR E-MAIL ADDRESS | | | | |
|  | | | |  | | | | | | |  | | | | |
| Is Contractor a Subrecipient under this Contract? | | | | | | | CFDA NUMBER(S): | | | | | | FFATA Form Required | | |
| YES NO | | | | | | |  | | | | | | YES NO | | |
|  | | | | | | | | |  | | | | | | |
| HCA PROGRAM | | | | | | | | | HCA DIVISION/SECTION | | | | | | |
| School Employee Benefits Board (SEBB) | | | | | | | | | Employee and Retiree Benefits Division | | | | | | |
| HCA CONTACT NAME AND TITLE | | | | | | | | HCA CONTACT ADDRESS | | | | | | | |
|  | | | | | | | | Health Care Authority  PO Box \_\_\_\_ (Street Address: 626 8th Avenue SE)  Olympia, WA 98504-\_\_\_\_ | | | | | | | |
| HCA CONTACT TELEPHONE | | | | | | | | | HCA CONTACT E-MAIL ADDRESS | | | | | | |
|  | | | | | | | | |  | | | | | | |
|  | | |  | | | | | | |  | | | | | |
| CONTRACT START DATE | | | CONTRACT END DATE | | | | | | | TOTAL MAXIMUM CONTRACT AMOUNT | | | | | |
| October 1, 2018 | | | December 31, 2024 | | | | | | |  | | | | | |
| PURPOSE OF CONTRACT: | | |  | | | | | | |  | | | | | |
| Provide and administer Short and/ or Long Term Disability Insurance benefits to subscribers of HCA's Employee and Retirees Benefits program, at this time specifically for the new School Employees Benefits (SEB) program. | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | |
| The parties signing below warrant that they have read and understand this Contract, and have authority to execute this Contract. This Contract will be binding on HCA only upon signature by HCA. | | | | | | | | | | | | | | | |
| CONTRACTOR SIGNATURE | | | | | PRINTED NAME AND TITLE | | | | | | | | | | DATE SIGNED |
|  | | | | |  | | | | | | | | | |  |
| HCA SIGNATURE | | | | | PRINTED NAME AND TITLE | | | | | | | | | | DATE SIGNED |
|  | | | | |  | | | | | | | | | |  |

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Note: Exhibits A and B are not attached but are available upon request from the HCA Contracts Administrator.

Contract #K      for       Services

# RECITALS

The state of Washington, acting by and through the Health Care Authority (HCA), issued a Request for Proposals (RFP) dated [date], (Exhibit A) for the purpose of purchasing Short Term Disability and/ or Long Term Disability Services for the School Employees Benefits Board (SEBB) in accordance with its authority under chapters 39.26 and 41.05 RCW.

[Contractor Name] submitted a timely Response to HCA’s RFP #      (Exhibit B).

HCA evaluated all properly submitted Responses to the above-referenced RFP and has identified [Contractor Name] as the Apparently Successful Bidder.

HCA has determined that entering into a Contract with [Contractor Name] will meet HCA’s needs and will be in the State’s best interest.

NOW THEREFORE, HCA awards to [Contractor Name] this Contract, the terms and conditions of which will govern Contractor’s providing to HCA the Short and/ or Long Term Disability Services.

IN CONSIDERATION of the mutual promises as set forth in this Contract, the parties agree as follows:

# DEFINITIONS

**Apparently Successful Bidder (ASB)** – the bidder selected as the entitiy to perform the anticipated services, subject to completion of contract negotiations and execution of a written contract.

**Authorized Representative** – person to whom signature authority has been delegated in writing acting within the limits of his/her authority.

**Bidder** – Individual or company interested in the RFP that submits a proposal in order to attain a contract with the Health Care Authority.

**Breach** – the unauthorized acquisition, access, use, or disclosure of Confidential Information that compromises the security, confidentiality, or integrity of the Confidential Information.

**Business Associate**  – a Business Associate as defined in 45 CFR 160.103, who performs or assists in the performance of an activity for or on behalf of HCA, a Covered Entity, that involves the use or disclosure of protected health information (PHI). Any reference to Business Associate in this DSA includes Business Associate’s employees, agents, officers, Subcontractors, third party contractors, volunteers, or directors.

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

**Confidential Information** – information that may be exempt from disclosure to the public or other unauthorized persons under chapter 42.56 RCW or chapter 70.02 RCW or other state or federal statutes or regulations. Confidential Information includes, but is not limited to, any information identifiable to an individual that relates to a natural person’s health, (see also Protected Health Information); finances, education, business, use or receipt of governmental services, names, addresses, telephone numbers, social security numbers, driver license numbers, financial profiles, credit card numbers, financial identifiers and any other identifying numbers, law enforcement records, HCA source code or object code, or HCA or State security information.

**Contract** –this Contract document and all schedules, exhibits, attachments, incorporated documents and amendments.

**Contractor** – [Contractor Name], its employees and agents. Contractor includes any firm, provider, organization, individual or other entity performing services under this Contract. It also includes any Subcontractor retained by Contractor as permitted under the terms of this Contract.

**Covered entity** – a health plan, a health care clearinghouse or a health care provider who transmits any health information in electronic form to carry out financial or administrative activities related to health care, as defined in 45 CFR 160.103.

**Data** – information produced, furnished, acquired, or used by Contractor in meeting requirements under this Contract.

**Effective Date** –the first date this Contract is in full force and effect. It may be a specific date agreed to by the parties; or, if not so specified, the date of the last signature of a party to this Contract.

**Employees and Retirees Benefits Division (ERB)** – HCA division which administers insurance coverage and other benefits for eligible employees, their families, retirees, eligible school employees, and their families. Oversees the design, procurement, and delivery of plans as well as communication and marketing related to the programs. Promotes wellness programs and activities to make healthy choices easier for employees.

**HCA Contract Manager** – the individual identified on the cover page of this Contract who will provide oversight of the Contractor’s activities conducted under this Contract.

**Health Care Authority (HCA)** – 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.

**Overpayment** – any payment or benefit to the Contractor in excess of that to which the Contractor is entitled by law, rule, or this Contract, including amounts in dispute.

**Proprietary Information** – information owned by Contractor to which Contractor claims a protectable interest under law. Proprietary Information includes, but is not limited to, information protected by copyright, patent, trademark, or trade secret laws.

**Protected Health Information (PHI)** – individually identifiable information that relates to the provision of health care to an individual; the past, present, or future physical or mental health or condition of an individual; or past, present, or future payment for provision of health care to an individual, as defined in 45 CFR 160.103. Individually identifiable information is information that identifies the individual or about which there is a reasonable basis to believe it can be used to identify the individual, and includes demographic information. PHI is information transmitted, maintained, or stored in any form or medium. 45 CFR 164.501. PHI does not include education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USC 1232g(a)(4)(b)(iv).

**Request for Proposals (RFP)** – Formal procurement document in which a service or need is identified by not specific method to achieve it has been chosen. The purpose of an RFP is to permit the bidder community to suggest various approaches to meet the need at a given price. In this case, RFP number was used as the solicitation document to establish this Contract, including all its amendments and modifications and is Exhibit A hereto.

**Response** –A bid or proposal that meets all material terms of the Solicitation document. In this case,Contractor’s Response to HCA’s RF*x* #      for       Services and is Exhibit B hereto.

**Revised Code of Washington (RCW)** – Any references to specific titles, chapters, or sections of the RCW includes any substitute, successor, or replacement title, chapter, or section.

**School Employees Benefits Board (SEBB)** – Authorized to design benefits and determine the number of contracts necessary in order to provide an adequate netowrk and coverage of health care services for school employees, and their dependents, who work in the Washington State K-12 education system. The SEBB Program is administered by HCA in compliance with Engrossed House Bill (EHB) 2242 enacted as RCW 41.05.740 and will provide insurance benefit plans to eligible K-12 school employees effective January 1, 2020.

**Statement of Work (SOW)** –a detailed description of the work activities the Contractor is required to perform under the terms and conditions of this Contract, including the deliverables and timeline, and is Schedule A hereto.

**Subcontractor** – a person or entity that is not in the employment of the Contractor, who is performing all or part of the business activities under this Contract under a separate contract with Contractor. The term “Subcontractor” means subcontractor(s) of any tier.

**Subscriber** – the eligible employee, or former employee, who has signed up to participate in the Disability plan(s), and is the main account holder.

**United States Code (USC)** – the United States Code. All references in this Contract to USC chapters or sections shall include any successor, amended, or replacement statute. The USC may be accessed at <http://uscode.house.gov/>

**Washington Administrative Code (WAC)** – Any references to specific titles, chaptes, or sections of the WAC includes an substitute, successor, or replacement title, chapter, or section.

# SPECIAL TERMS AND CONDITIONS

## STATEMENT OF WORK (SOW)

The Contractor will provide the services and staff as described in Schedule A: Statement of Work.

## PERFORMANCE EXPECTATIONS

Expected performance under this Contract includes, but is not limited to, the following:

[Examples – add or delete as appropriate]

### Knowledge of applicable state and federal laws and regulations pertaining to subject of contract;

### Use of professional judgment;

### Collaboration with HCA staff in Contractor’s conduct of the services;

### Conformance with HCA directions regarding the delivery of the services;

### Timely, accurate and informed communications;

### Regular completion and updating of project plans, reports, documentation and communications;

### Regular, punctual attendance at all meetings; and

### Provision of high quality services.

### Administer plan benefits using plan structure and best practices for the Subscriber.

Prior to payment of invoices, HCA will review and evaluate the performance of Contractor in accordance with Contract and these performance expectations and may withhold payment if expectations are not met or Contractor’s performance is unsatisfactory.

## TERM

### The initial term of the Contract will commence on October 1, 2018 or date of last signature, whichever is later, and continue through December 31, 2024, unless terminated sooner as provided herein. Plan year begins January 1, 2020.

### This Contract may be extended through December 31, 2034 in whatever time increments HCA deems appropriate. No change in terms and conditions will be permitted during these extensions unless specifically agreed to in writing.

### Work performed without a contract or amendment signed by the authorized representatives of both parties will be at the sole risk of the Contractor. HCA will not pay any costs incurred before a contract or any subsequent amendment(s) is fully executed.

## COMPENSATION

### The Maximum Compensation payable to Contractor for the performance of all things necessary for or incidental to the performance of work as set forth in Schedule A: *Statement of Work* is $     , and includes any allowable expenses.

### Contractor’s compensation for services rendered will be based on the following rates or in accordance with the following terms.

### Day-to-day expenses related to performance under the Contract, including but not limited to travel, lodging, meals, and incidentals, will not be reimbursed to Contractor. If Contractor is required by HCA to travel, any such travel must be authorized in writing by the HCA [Position Title] and reimbursement will be at rates not to exceed the then-current rules, regulations, and guidelines for State employees published by the Washington State Office of Financial Management in the Washington State Administrative and Accounting Manual (<http://www.ofm.wa.gov/policy/10.htm>); reimbursement will not exceed expenses actually incurred.

To receive reimbursement, Contractor must provide a detailed breakdown of authorized expenses and receipts for any expenses of $50 or more.

## INVOICE AND PAYMENT

### Contractor must submit accurate invoices to the following address for all amounts to be paid by HCA via e-mail to: [Acctspay@hca.wa.gov](mailto:Acctspay@hca.wa.gov). Include the HCA Contract number in the subject line of the email.

### Invoices must describe and document to HCA’s satisfaction a description of the work performed, the progress of the project, and fees. If expenses are invoiced, invoices must provide a detailed breakdown of each type. Any single expense in the amount of $50.00 or more must be accompanied by a receipt in order to receive reimbursement. All invoices will be reviewed and must be approved by the Contract Manager or his/her designee prior to payment.

### Contractor must submit properly itemized invoices to include the following information, as applicable:

#### HCA Contract number K     ;

#### Contractor name, address, phone number;

#### Description of Services;

#### Date(s) of delivery;

#### Net invoice price for each item;

#### Applicable taxes;

#### Total invoice price; and

#### Payment terms and any available prompt payment discount.

### HCA will return incorrect or incomplete invoices to the Contractor for correction and reissue. The Contract Number must appear on all invoices, bills of lading, packages, and correspondence relating to this Contract.

### In order to receive payment for services or products provided to a state agency, Contractor must register with the Statewide Payee Desk at <http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx.> Payment will be considered timely if made by HCA within thirty (30) calendar days of receipt of properly completed invoices. Payment will be directly deposited in the bank account or sent to the address Contractor designated in its registration.

### Upon expiration of the Contract, any claims for payment for costs due and payable under this Contract that are incurred prior to the expiration date must be submitted by the Contractor to HCA within sixty (60) calendar days after the Contract expiration date. HCA is under no obligation to pay any claims that are submitted sixty-one (61) or more calendar days after the Contract expiration date (“Belated Claims”). HCA will pay Belated Claims at its sole discretion, and any such potential payment is contingent upon the availability of funds.

## CONTRACTOR and HCA CONTRACT MANAGERS

### Contractor’s Contract Manager will have prime responsibility and final authority for the services provided under this Contract and be the principal point of contact for the HCA Contract Manager for all business matters, performance matters, and administrative activities.

### HCA’s Contract Manager is responsible for monitoring the Contractor’s performance and will be the contact person for all communications regarding contract performance and deliverables. The HCA Contract Manager has the authority to accept or reject the services provided and must approve Contractor’s invoices prior to payment.

### The contact information provided below may be changed by written notice of the change (email acceptable) to the other party.

|  |  |  |  |
| --- | --- | --- | --- |
| CONTRACTOR  Contract Manager Information | | Health Care Authority  Contract Manager Information | |
| Name: |  | Name: |  |
| Title: |  | Title: | Contract Manager |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| Email: |  | Email: |  |

## KEY STAFF

### Except in the case of a legally required leave of absence, sickness, death, termination of employment or unpaid leave of absence, Key Staff must not be changed during the term of the Statement of Work (SOW) from the people who were described in the Response for the first SOW or those Key Staff initially assigned to subsequent SOWs, without the prior written approval of HCA until completion of their assigned tasks.

### During the term of the Statement of Work (SOW), HCA reserves the right to approve or disapprove Contractor’s Key Staff assigned to this Contract, to approve or disapprove any proposed changes in Contractor’s Key Staff, or to require the removal or reassignment of any Contractor staff found unacceptable by HCA, subject to HCA’s compliance with applicable laws and regulations. Contractor must provide a resume to HCA of any replacement Key Staff and all staff proposed by Contractor as replacements for other staff must have comparable or greater skills for performing the activities as performed by the staff being replaced.

## LEGAL NOTICES

Any notice or demand or other communication required or permitted to be given under this Contract or applicable law is effective only if it is in writing and signed by the applicable party, properly addressed, and either delivered in person, or by a recognized courier service, or deposited with the United States Postal Service as first-class mail, postage prepaid certified mail, return receipt requested, to the parties at the addresses provided in this section.

### In the case of notice to the Contractor:

[Contractor Contact Information]

### In the case of notice to HCA:

**Attention:** Contracts Administrator

Health Care Authority

Division of Legal Services

Post Office Box 42702

Olympia, WA 98504-2702

### Notices are effective upon receipt or four (4) Business Days after mailing, whichever is earlier.

### The notice address and information provided above may be changed by written notice of the change given as provided above.

## INCORPORATION OF DOCUMENTS AND ORDER OF PRECEDENCE

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

### Applicable Federal and State of Washington statutes and regulations;

### Business Associate Agreement, HCA Contract Number      ; (if applicable, otherwise delete)

### Data Share Agreement, HCA Contract Number      ; (if applicable, otherwise delete)

### Recitals

### Special Terms and Conditions;

### General Terms and Conditions;

### Attachment 1: Confidential Information Security Requirements; (if applicable, otherwise delete)

### Schedule A(s): Statement(s) of Work;

### Exhibit A: *HCA* ***RF*P** *#*      *for*       *Services*, dated      ;

### Exhibit B: *Contractor’s Response* dated      ; and

### Any other provision, term or material incorporated herein by reference or otherwise incorporated.

## INSURANCE

Contractor must 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 Contractor or Subcontractor, or agents of either, while performing under the terms of this Contract. Contractor must provide insurance coverage that is maintained in full force and effect during the term of this Contract, as follows:

### 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 million per occurrence/$2 million general aggregate. Additionally, Contractor is responsible for ensuring that any Subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.

### 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 is 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.

### Professional Liability Errors and Omissions – Provide a policy with coverage of not less than $1 million per claim/$2 million general aggregate.

### Cyber-Liability Insurance

### **Breach** – means the unauthorized acquisition, access, use, or disclosure of Data shared under any resulting Contract that compromises the security, confidentiality, or integrity of the Data.

### **Confidential Information** – is information that is exempt from disclosure to public or other unauthorized persons under 42.56 RCW or other federal or state laws. Confidential information includes, but is not limited to, Personal Information and Protected Health Information.

### **Data** – means information that is disclosed or exchanged between HCA and Apparently Successful Bidder. Data includes Confidential information.

### **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, driver’s license numbers, credit card numbers, any other identifying numbers, and any financial identifiers.

### **Protected Health Information (PHI)** – means information that relates to the provision of health care to an individual, the past, present, or future physical or mental health or condition of an individual, the past, present or future payment for provision of health care to an individual. PHI includes demographic information that identifies the individual or about which there is reasonable basis to believe, can be used to identify the individual. PHI is information transmitted, maintained, or stored in any form or medium. PHI does not include education records covered by the Family Educational Rights and Privacy Act, as amended.

### **For the term of the Contract and three (3) years following its termination or expiration, the ASB must maintain insurance to cover costs incurred in connection with a security incident, privacy breach, or potential compromise of data, including:**

### Computer forensics assistance to assess the impact of a data breach, determine the root cause, and help determine whether and the extent to which notification laws.

### Notification and call center services for individuals affected by a security incident, or privacy breach.

### Breach resolution and mitigation services for individuals affected by a security incident or privacy breach, including fraud prevention, credit monitoring, and identify theft assistance.

### Regulatory defense, fines, and penalties from any claim in the form of a regulatory proceeding resulting from a violation of any applicable privacy or security law(s) or regulation(s).

### Regulatory defense, fines, and penalties from any claim in the form of a regulatory proceeding resulting from a violation of any applicable privacy or security law(s) or regulation(s).

### The insurance required must be issued by an insurance company/ies authorized to do business within the state of Washington, and must name HCA and the state of Washington, its agents and employees as additional insured’s under any Commercial General and/or Business Automobile Liability policy/ies. All policies must be primary to any other valid and collectable insurance. In the event of cancellation, non-renewal, revocation or other termination of any insurance coverage required by this Contract, Contractor must provide written notice of such to HCA within one (1) Business Day of Contractor’s receipt of such notice. Failure to buy and maintain the required insurance may, at HCA’s sole option, result in this Contract’s termination.

Upon request, Contractor must submit to HCA a certificate of insurance that outlines the coverage and limits defined in the Insurance section. If a certificate of insurance is requested, Contractor must submit renewal certificates as appropriate during the term of the contract.

# GENERAL TERMS AND CONDITIONS

## ACCESS TO DATA

In compliance with RCW 39.26.180 (2) and federal rules, the Contractor must provide access to any data generated under this Contract to HCA, the Joint Legislative Audit and Review Committee, the State Auditor, and any other state or federal officials so authorized by law, rule, regulation, or agreement to access such data at no additional cost. This includes access to all information that supports the findings, conclusions, and recommendations of the Contractor’s reports, including computer models and methodology for those models.

## ADVANCE PAYMENT PROHIBITED

No advance payment will be made by HCA for services furnished by the Contractor pursuant to this Contract.

## AMENDMENTS

This Contract may be amended by written agreement of the parties. Such amendments will not be binding unless they are signed by personnel authorized to bind such party.

## ASSIGNMENT

### Contractor may not assign or transfer all or any portion of this Contract or any of its rights hereunder, or delegate any of its duties hereunder, except delegations as set forth in Section 4.36, *Subcontracting*, without the prior written consent of HCA. Any permitted assignment will not operate to relieve Contractor of any of its duties and obligations hereunder, nor will such assignment affect any remedies available to HCA that may arise from any breach of the provisions of this Contract or warranties made herein, including but not limited to, rights of setoff. Any attempted assignment, transfer or delegation in contravention of this Subsection A of the Contract will be null and void.

### HCA may assign this Contract to any public agency, commission, board, or the like, within the political boundaries of the State of Washington, with written notice of thirty (30) calendar days to Contractor.

### This Contract will inure to the benefit of and be binding on the parties hereto and their permitted successors and assigns.

## ATTORNEYS’ FEES

Except as otherwise specifically provided herein, in the event of litigation or other action brought to enforce the terms of this Contract, each party agrees to bear its own attorneys’ fees and costs.

## CHANGE IN STATUS

In the event of any substantive change in its legal status, organizational structure, or fiscal reporting responsibility, Contractor will notify HCA of the change. Contractor must provide notice as soon as practicable, but no later than thirty (30) calendar days after such a change takes effect.

## CONFIDENTIAL INFORMATION PROTECTION

### Contractor acknowledges that some of the material and information that may come into its possession or knowledge in connection with this Contract or its performance may consist of Confidential Information. Contractor agrees to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, to release it only to authorized employees or Subcontractors requiring such information for the purposes of carrying out this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make the information known to any other party without HCA’s express written consent or as provided by law. Contractor agrees to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information (See Attachment 1: *Confidential Information Security Requirements*).

### Contractors that come into contact with Protected Health Information may be required to enter into a Business Associate Agreement with HCA in compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, as modified by the American Recovery and Reinvestment Act of 2009 (“ARRA”), Sec. 13400 – 13424, H.R. 1 (2009) (HITECH Act) (HIPAA).

### HCA reserves the right to monitor, audit, or investigate the use of Confidential Information collected, used, or acquired by Contractor through this Contract. Violation of this section by Contractor or its Subcontractors may result in termination of this Contract and demand for return of all Confidential Information, monetary damages, or penalties.

### The obligations set forth in this Section will survive completion, cancellation, expiration, or termination of this Contract.

## CONFIDENTIAL INFORMATION SECURITY

[Use if applicable]

The federal government, including the Centers for Medicare and Medicaid Services (CMS), and the State of Washington all maintain security requirements regarding privacy, data access, and other areas. Contractor is required to comply with the Confidential Information Security Requirements set out in Attachment 1 to this Contract and appropriate portions of the Washington OCIO Security Standard, 141.10 (<https://ocio.wa.gov/policies/141-securing-information-technology-assets/14110-securing-information-technology-assets>).

## CONFIDENTIAL INFORMATION BREACH – REQUIRED NOTIFICATION

### Contractor must notify the HCA Privacy Officer ([HCAPrivacyOfficer@hca.wa.gov](mailto:HCAPrivacyOfficer@hca.wa.gov)) within two (2) Business Days of discovery of any Breach or suspected Breach of Confidential Information.

### Contractor will take steps necessary to mitigate any known harmful effects of such unauthorized access including, but not limited to, sanctioning employees and taking steps necessary to stop further unauthorized access. Contractor agrees to indemnify and hold HCA harmless for any damages related to unauthorized use or disclosure of Confidential Information by Contractor, its officers, directors, employees, Subcontractors or agents.

### If notification of the Breach or possible Breach must (in the judgment of HCA) be made under the HIPAA Breach Notification Rule, or RCW 42.56.590 or RCW 19.254.010, or other law or rule, then:

#### HCA may choose to make any required notifications to the individuals, to the U.S. Department of Health and Human Services Secretary (DHHS) Secretary, and to the media, or direct Contractor to make them or any of them.

#### In any case, Contractor will pay the reasonable costs of notification to individuals, media, and governmental agencies and of other actions HCA reasonably considers appropriate to protect HCA clients (such as paying for regular credit watches in some cases).

#### Contractor will compensate HCA clients for harms caused to them by any Breach or possible Breach.

### Any breach of this clause may result in termination of the Contract and the demand for return or disposition (Attachment 1, Section 6) of all Confidential Information.

### Contractor’s obligations regarding Breach notification survive the termination of this Contract and continue for as long as Contractor maintains the Confidential Information and for any breach or possible breach at any time.

## CONTRACTOR’S PROPRIETARY INFORMATION

Contractor acknowledges that HCA is subject to chapter 42.56 RCW, the Public Records Act, and that this Contract will be a public record as defined in chapter 42.56 RCW. Any specific information that is claimed by Contractor to be Proprietary Information must be clearly identified as such by Contractor. To the extent consistent with chapter 42.56 RCW, HCA will maintain the confidentiality of such information in its possession that is marked Proprietary. If a public disclosure request is made to view Contractor’s Proprietary Information, 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.

## COVENANT AGAINST CONTINGENT FEES

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 contract price or consideration or recover by other means the full amount of such commission, percentage, brokerage or contingent fee.

## DEBARMENT

By signing this Contract, Contractor certifies that it 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. 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. Contractor must immediately notify HCA if, during the term of this Contract, Contractor becomes debarred. HCA may immediately terminate this Contract by providing Contractor written notice, if Contractor becomes debarred during the term hereof.

## DISPUTES

The parties will 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 any dispute. When a genuine dispute arises between HCA and the Contractor regarding the terms of this Contract or the responsibilities imposed herein and it cannot be resolved between the parties’ Contract Managers, either party may initiate the following dispute resolution process.

### The initiating party will reduce its description of the dispute to writing and deliver it to the responding party (email acceptable). The responding party will respond in writing within five (5) Business Days (email acceptable). If the initiating party is not satisfied with the response of the responding party, then the initiating party may request that the HCA Director review the dispute. Any such request from the initiating party must be submitted in writing to the HCA Director within five (5) Business Days after receiving the response of the responding party. The HCA Director will have sole discretion in determining the procedural manner in which he or she will review the dispute. The HCA Director will inform the parties in writing within five (5) Business Days of the procedural manner in which he or she will review the dispute, including a timeframe in which he or she will issue a written decision.

### A party's request for a dispute resolution must:

#### Be in writing;

#### Include a written description of the dispute;

#### State the relative positions of the parties and the remedy sought;

#### State the Contract Number and the names and contact information for the parties;

### This dispute resolution process constitutes the sole administrative remedy available under this Contract. The parties agree that this resolution process will precede any action in a judicial or quasi-judicial tribunal.

## ENTIRE AGREEMENT

HCA and Contractor agree that the Contract is the complete and exclusive statement of the agreement between the parties relating to the subject matter of the Contract and supersedes all letters of intent or prior contracts, oral or written, between the parties relating to the subject matter of the Contract, except as provided in Section 4.43 *Warranties*.

## FORCE MAJEURE

A party will not 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 acts of God, war, strikes or labor disputes, embargoes, government orders or any other force majeure event.

## FUNDING WITHDRAWN, REDUCED OR LIMITED

If HCA determines in its sole discretion that the funds it relied upon to establish this Contract have been withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding after the effective date of this contract but prior to the normal completion of this Contract, then HCA, at its sole discretion, may:

### Terminate this Contract pursuant to Section C, *Termination for Non-Allocation of Funds*;

### Renegotiate the Contract under the revised funding conditions; or

### Suspend Contractor’s performance under the Contract upon five (5) Business Days’ advance written notice to Contractor. HCA will use this option only when HCA determines that there is reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow Contractor’s performance to be resumed prior to the normal completion date of this Contract.

#### During the period of suspension of performance, each party will inform the other of any conditions that may reasonably affect the potential for resumption of performance.

#### When HCA determines in its sole discretion that the funding insufficiency is resolved, it will give Contractor written notice to resume performance. Upon the receipt of this notice, Contractor will provide written notice to HCA informing HCA whether it can resume performance and, if so, the date of resumption. For purposes of this subsection, “written notice” may include email.

#### If the Contractor’s proposed resumption date is not acceptable to HCA and an acceptable date cannot be negotiated, HCA may terminate the contract by giving written notice to Contractor. The parties agree that the Contract will be terminated retroactive to the date of the notice of suspension. HCA will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the retroactive date of termination.

## GOVERNING LAW

This Contract is governed in all respects by the laws of the state of Washington, without reference to conflict of law principles. The jurisdiction for any action hereunder is exclusively in the Superior Court for the state of Washington, and the venue of any action hereunder is in the Superior Court for Thurston County, Washington. Nothing in this Contract will be construed as a waiver by HCA of the State’s immunity under the 11th Amendment to the United States Constitution.

## HCA NETWORK SECURITY

Contractor agrees not to attach any Contractor-supplied computers, peripherals or software to the HCA Network without prior written authorization from HCA’s Chief Information Officer. Unauthorized access to HCA networks and systems is a violation of HCA Policy and may constitute 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.

Contractor will have access to the HCA visitor Wi-Fi Internet connection while on site.

## INDEMNIFICATION

Contractor must defend, indemnify, and save HCA 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, or Breach of its confidentiality and notification obligations under Section 4.7 *Confidential Information Protection* and Section 4.8 *Confidentiality Breach-Required Notification*, arising from intentional or negligent acts or omissions of Contractor, its officers, employees, or agents, or Subcontractors, their officers, employees, or agents, in the performance of this Contract.

## INDEPENDENT CAPACITY OF THE CONTRACTOR

The parties intend that an independent contractor relationship will be created by this Contract. Contractor and its employees or agents performing under this Contract are not employees or agents of HCA. Contractor will not hold itself out as or claim to be an officer or employee of HCA or of the State of Washington by reason hereof, nor will Contractor make any claim of right, privilege or benefit that would accrue to such employee under law. Conduct and control of the work will be solely with Contractor.

## INDUSTRIAL INSURANCE COVERAGE

Prior to performing work under this Contract, Contractor must 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 must maintain full compliance with Title 51 RCW during the course of this Contract.

## LEGAL AND REGULATORY COMPLIANCE

### During the term of this Contract, Contractor must comply with all local, state, and federal licensing, accreditation and registration requirements/standards, necessary for the performance of this Contract and all other applicable federal, state and local laws, rules, and regulations.

### While on the HCA premises, Contractor must comply with HCA operations and process standards and policies (e.g., ethics, Internet / email usage, data, network and building security, harassment, as applicable). HCA will make an electronic copy of all such policies available to Contractor.

### Failure to comply with any provisions of this section may result in Contract termination.

## LIMITATION OF AUTHORITY

Only the HCA Authorized Representative has the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this Contract. NO THIRD-PARTY BENEFICIARIES

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

## NONDISCRIMINATION

During the performance of this Contract, the Contractor must comply with all federal and state nondiscrimination laws, regulations and policies, including but not limited to: Title VII of the Civil Rights Act, 42 U.S.C. §12101 et seq.; the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §12101 et seq., 28 CFR Part 35; and Title 49.60 RCW, Washington Law Against Discrimination. In the event of 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 under the Termination for Default sections, and Contractor may be declared ineligible for further contracts with HCA.

## OVERPAYMENTS TO CONTRACTOR

In the event that overpayments or erroneous payments have been made to the Contractor under this Contract, HCA will provide written notice to Contractor and Contractor shall refund the full amount to HCA within thirty (30) calendar days of the notice. If Contractor fails to make timely refund, HCA may charge Contractor one percent (1%) per month on the amount due, until paid in full. If the Contractor disagrees with HCA’s actions under this section, then it may invoke the dispute resolution provisions of Section 4.13 *Disputes*.

## PAY EQUITY

### Contractor represents and warrants that, as required by Washington state law (Laws of 2017, Chap. 1, § 213), during the term of this Contract, it agrees to equality among its workers by ensuring similarly employed individuals are compensated as equals. For purposes of this provision, employees are similarly employed if (i) the individuals work for Contractor, (ii) the performance of the job requires comparable skill, effort, and responsibility, and (iii) the jobs are performed under similar working conditions. Job titles alone are not determinative of whether employees are similarly employed.

### Contractor may allow differentials in compensation for its workers based in good faith on any of the following: (i) a seniority system; (ii) a merit system; (iii) a system that measures earnings by quantity or quality of production; (iv) bona fide job-related factor(s); or (v) a bona fide regional difference in compensation levels.

### “Bona fide job-related factor(s)” may include, but not be limited to, education, training, or experience, that is: (i) consistent with business necessity; (ii) not based on or derived from a gender-based differential; and (iii) accounts for the entire differential.

### A “bona fide regional difference in compensation level” must be (i) consistent with business necessity; (ii) not based on or derived from a gender-based differential; and (iii) account for the entire differential.

### Notwithstanding any provision to the contrary, upon breach of warranty and Contractor’s failure to provide satisfactory evidence of compliance within thirty (30) Days of HCA’s request for such evidence, HCA may suspend or terminate this Contract.

## PUBLICITY

### This Contract is not in any way an endorsement of Contractor or Contractor’s Services by HCA and must not be so construed by Contractor in any advertising or other publicity materials.

### Contractor agrees to submit to HCA, all advertising, sales promotion, and other publicity materials relating to this Contract or any Service furnished by Contractor in which HCA’s name is mentioned, language is used, or Internet links are provided from which the connection of HCA’s name with Contractor’s Services may, in HCA’s judgment, be inferred or implied. Contractor further agrees not to publish or use such advertising, marketing, sales promotion materials, publicity or the like through print, voice, the Web, and other communication media in existence or hereinafter developed without the express written consent of HCA prior to such use.

## RECORDS AND DOCUMENTS REVIEW

### The Contractor must maintain books, records, documents, magnetic media, receipts, invoices or 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, are 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 [See 42 USC 1396a(a)(27)(B); 42 USC 1396a(a)(37)(B); 42 USC 1396a(a)(42(A); 42 CFR 431, Subpart Q; and 42 CFR 447.202].

### The Contractor must retain such records for a period of six (6) years after the date of final payment under this Contract.

### If any litigation, claim or audit is started before the expiration of the six (6) year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved.

## REMEDIES NON-EXCLUSIVE

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

## RIGHT OF INSPECTION

The Contractor must provide right of access to its facilities to HCA, or any of its officers, or to any other authorized agent or official of the state of Washington or the federal government, at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Contract.

## RIGHTS IN DATA/OWNERSHIP

### HCA and Contractor agree that all data and work products produced pursuant to this Contract (collectively “Work Product”) will be owned by HCA. Contractor is hereby commissioned to create the Work Product. Work Product includes, but is not limited to, discoveries, formulae, ideas, improvements, inventions, methods, models, processes, techniques, findings, conclusions, recommendations, reports, designs, plans, diagrams, drawings, Software, databases, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions, to the extent provided by law. Ownership includes the right to copyright, patent, register and the ability to transfer these rights and all information used to formulate such Work Product.

### Contractor hereby assigns and transfers to HCA, the entire right, title and interest in and to all rights in the Work Product and any registrations and copyright applications relating thereto and any renewals and extensions thereof.

### Contractor will execute all documents and perform such other proper acts as HCA may deem necessary to secure for HCA the rights pursuant to this section.

### Contractor will not use or in any manner disseminate any Work Product to any third party, or represent in any way Contractor ownership of any Work Product, without the prior written permission of HCA. Contractor shall take all reasonable steps necessary to ensure that its agents, employees, or Subcontractors will not copy or disclose, transmit or perform any Work Product or any portion thereof, in any form, to any third party.

### Material that is delivered under this Contract, but that does not originate therefrom (“Preexisting Material”), must be transferred to HCA with a nonexclusive, royalty-free, irrevocable license to publish, translate, reproduce, deliver, perform, display, and dispose of such Preexisting Material, and to authorize others to do so. Contractor agrees to obtain, at its own expense, express written consent of the copyright holder for the inclusion of Preexisting Material. HCA will have the right to modify or remove any restrictive markings placed upon the Preexisting Material by Contractor.

### Contractor must identify all Preexisting Material when it is delivered under this Contract and must advise HCA of any and all known or potential infringements of publicity, privacy or of intellectual property affecting any Preexisting Material at the time of delivery of such Preexisting Material. Contractor must provide HCA with prompt written notice of each notice or claim of copyright infringement or infringement of other intellectual property right worldwide received by Contractor with respect to any Preexisting Material delivered under this Contract.

## RIGHTS OF STATE AND FEDERAL GOVERNMENTS

In accordance with 45 C.F.R. 95.617, all appropriate state and federal agencies, including but not limited to the Centers for Medicare and Medicaid Services (CMS), will have a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, translate, or otherwise use, and to authorize others to use for Federal Government purposes: (i) software, modifications, and documentation designed, developed or installed with Federal Financial Participation (FFP) under 45 CFR Part 95, subpart F; (ii) the Custom Software and modifications of the Custom Software, and associated Documentation designed, developed, or installed with FFP under this Contract; (iii) the copyright in any work developed under this Contract; and (iv) any rights of copyright to which Contractor purchases ownership under this Contract.

## SEVERABILITY

If any provision of this Contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity will 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.

## SITE SECURITY

While on HCA premises, Contractor, its agents, employees, or Subcontractors must 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, Contractor agrees to promptly notify HCA.

## SUBCONTRACTING

### Neither Contractor, nor any Subcontractors, may enter into subcontracts for any of the work contemplated under this Contract without prior written approval of HCA. HCA has sole discretion to determine whether or not to approve any such subcontract. In no event will the existence of the subcontract operate to release or reduce the liability of Contractor to HCA for any breach in the performance of Contractor’s duties.

### Contractor is responsible for ensuring that all terms, conditions, assurances and certifications set forth in this Contract are included in any subcontracts.

### If at any time during the progress of the work HCA determines in its sole judgment that any Subcontractor is incompetent or undesirable, HCA will notify Contractor, and Contractor must take immediate steps to terminate the Subcontractor's involvement in the work.

### The rejection or approval by the HCA of any Subcontractor or the termination of a Subcontractor will not relieve Contractor of any of its responsibilities under the Contract, nor be the basis for additional charges to HCA.

### HCA has no contractual obligations to any Subcontractor or vendor under contract to the Contractor. Contractor is fully responsible for all contractual obligations, financial or otherwise, to its Subcontractors.

## SURVIVAL

The terms and conditions contained in this Contract that, by their sense and context, are intended to survive the completion, cancellation, termination, or expiration of the Contract will survive. In addition, the terms of the sections titled *Confidential Information Protection, Confidential Information Breach – Required Notification, Contractor’s Proprietary Information, Disputes, Overpayments to Contractor, Publicity, Records and Documents Review, Rights in Data/Ownership, and Rights of State and Federal Governments* will survive the termination of this Contract. The right of HCA to recover any overpayments will also survive the termination of this Contract.

## TAXES

HCA will pay sales or use taxes, if any, imposed on the services provided hereunder. Contractor must pay all other taxes including, but not limited to, Washington Business and Occupation Tax, other taxes based on Contractor’s income or gross receipts, or personal property taxes levied or assessed on Contractor’s personal property. HCA, as an agency of Washington State government, is exempt from property tax.

Contractor must complete registration with the Washington State Department of Revenue and be responsible for payment of all taxes due on payments made under this Contract.

## TERMINATION

### TERMINATION FOR DEFAULT

In the event HCA determines that Contractor has failed to comply with the terms and conditions of this Contract, HCA has the right to suspend or terminate this Contract. HCA will notify Contractor in writing of the need to take corrective action. If corrective action is not taken within five (5) Business Days, or other time period agreed to in writing by both parties, the Contract may be terminated. HCA reserves the right to suspend all or part of the Contract, withhold further payments, or prohibit Contractor from incurring additional obligations of funds during investigation of the alleged compliance breach and pending corrective action by Contractor or a decision by HCA to terminate the Contract.

In the event of termination for default, Contractor will be liable for damages as authorized by law including, but not limited to, any cost difference between the original Contract and the replacement or cover Contract and all administrative costs directly related to the replacement Contract, e.g., cost of the competitive bidding, mailing, advertising, and staff time.

If it is determined that Contractor: (i) was not in default, or (ii) its failure to perform was outside of its control, fault or negligence, the termination will be deemed a “Termination for Convenience.”

### 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 ten (10) calendar days’ written notice. If this Contract is so terminated, HCA will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination. No penalty will accrue to HCA in the event the termination option in this section is exercised.

### TERMINATION FOR NONALLOCATION OF FUNDS

If funds are not allocated to continue this Contract in any future period, HCA may immediately terminate this Contract by providing written notice to the Contractor. The termination will be effective on the date specified in the termination notice. HCA will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination. HCA agrees to notify Contractor of such nonallocation at the earliest possible time. No penalty will accrue to HCA in the event the termination option in this section is exercised.

### TERMINATION FOR WITHDRAWAL OF AUTHORITY

In the event that the authority of HCA to perform any of its duties is withdrawn, reduced, or limited in any way after the commencement of this Contract and prior to normal completion, HCA may immediately terminate this Contract by providing written notice to the Contractor. The termination will be effective on the date specified in the termination notice. HCA will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination. HCA agrees to notify Contractor of such withdrawal of authority at the earliest possible time. No penalty will accrue to HCA in the event the termination option in this section is exercised.

### TERMINATION FOR CONFLICT OF INTEREST

HCA may terminate this Contract by written notice to the Contractor if HCA determines, after due notice and examination, that there is 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. In the event this Contract is so terminated, HCA will be entitled to pursue the same remedies against the Contractor as it could pursue in the event Contractor breaches the contract.

## TERMINATION PROCEDURES

### Upon termination of this Contract, HCA, in addition to any other rights provided in this Contract, may require Contractor to deliver to HCA any property specifically produced or acquired for the performance of such part of this Contract as has been terminated.

### HCA will pay Contractor the agreed-upon price, if separately stated, for completed work and services accepted by HCA and the amount agreed upon by the Contractor and HCA for (i) completed work and services for which no separate price is stated; (ii) partially completed work and services; (iii) other property or services that are accepted by HCA; and (iv) the protection and preservation of property, unless the termination is for default, in which case HCA will determine the extent of the liability. Failure to agree with such determination will be a dispute within the meaning of Section 4.13 *Disputes*. HCA may withhold from any amounts due the Contractor such sum as HCA determines to be necessary to protect HCA against potential loss or liability.

### After receipt of notice of termination, and except as otherwise directed by HCA, Contractor must:

#### Stop work under the Contract on the date of, and to the extent specified in, the notice;

#### 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;

#### 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;

#### Settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of HCA to the extent HCA may require, which approval or ratification will be final for all the purposes of this clause;

#### Transfer title to and deliver as directed by HCA any property required to be furnished to HCA;

#### Complete performance of any part of the work that was not terminated by HCA; and

#### Take such action as may be necessary, or as HCA may direct, for the protection and preservation of the records related to this Contract that are in the possession of the Contractor and in which HCA has or may acquire an interest.

## WAIVER

Waiver of any breach of any term or condition of this Contract will not be deemed a waiver of any prior or subsequent breach or default. No term or condition of this Contract will be held to be waived, modified, or deleted except by a written instrument signed by the parties. Only the HCA Authorized Representative has the authority to waive any term or condition of this Contract on behalf of HCA.

## WARRANTIES

### Contractor represents and warrants that it will perform all services pursuant to this Contract in a professional manner and with high quality and will immediately re-perform any services that are not in compliance with this representation and warranty at no cost to HCA.

### Contractor represents and warrants that it shall comply with all applicable local, State, and federal licensing, accreditation and registration requirements and standards necessary in the performance of the Services.

### Any written commitment by Contractor within the scope of this Contract will be binding upon Contractor. Failure of Contractor to fulfill such a commitment may constitute breach and will render Contractor liable for damages under the terms of this Contract. For purposes of this section, a commitment by Contractor includes: (i) Prices, discounts, and options committed to remain in force over a specified period of time; and (ii) any warranty or representation made by Contractor to HCA or contained in any Contractor publications, or descriptions of services in written or other communication medium, used to influence HCA to enter into this Contract.

# ATTACHMENT 1: *Confidential Information Security Requirements*

1. Definitions

In addition to the definitions set out in Section 2 of this Contract K      for Short and/ or Long Term Disability Services, the definitions below apply to this Attachment.

1. “Hardened Password” means a string of characters containing at least three of the following character classes: upper case letters; lower case letters; numerals; and special characters, such as an asterisk, ampersand or exclamation point.
   1. Passwords for external authentication must be a minimum of ten (10) characters long.
   2. Passwords for internal authentication must be a minimum of eight (8) characters long.
   3. Passwords used for system service or service accounts must be a minimum of twenty (20) characters long.
2. “Portable/Removable Media” means any Data storage device that can be detached or removed from a computer and transported, including but not limited to: optical media (e.g. CDs, DVDs); USB drives; or flash media (e.g. CompactFlash, SD, MMC).
3. “Portable/Removable Devices” means any small computing device that can be transported, including but not limited to: handhelds/PDAs/Smartphones; Ultramobile PC’s, flash memory devices (e.g. USB flash drives, personal media players); and laptops/notebook/tablet computers. If used to store Confidential Information, devices should be Federal Information Processing Standards (FIPS) Level 2 compliant.
4. “Secured Area” means an area to which only Authorized Users 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.
5. “Transmitting” means the transferring of data electronically, such as via email, SFTP, webservices, AWS Snowball, etc.
6. “Trusted System(s)” means the following methods of physical delivery: (1) hand-delivery by a person authorized to have access to the Confidential Information with written acknowledgement of receipt; (2) United States Postal Service (“USPS”) first class mail, or USPS delivery services that include Tracking, such as Certified Mail, Express Mail or Registered Mail; (3) commercial delivery services (e.g. FedEx, UPS, DHL) which offer tracking and receipt confirmation; and (4) the Washington State Campus mail system. For electronic transmission, the Washington State Governmental Network (SGN) is a Trusted System for communications within that Network.
7. “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.
8. Confidential Information Transmitting
9. When transmitting HCA’s Confidential Information electronically, including via email, the Data must be encrypted using NIST 800-series approved algorithms (<http://csrc.nist.gov/publications/PubsSPs.html>). This includes transmission over the public internet.
10. When transmitting HCA’s Confidential Information via paper documents, the Receiving Party must use a Trusted System.
11. Protection of Confidential Information

The Contractor agrees to store Confidential Information as described:

1. Data at Rest:
2. Data will be encrypted with NIST 800-series approved algorithms. Encryption keys will be stored and protected independently of the data. Access to the Data will be restricted to Authorized Users through the use of access control lists, a Unique User ID, and a Hardened Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Systems which contain or provide access to Confidential Information must be located in an area that is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
3. Data stored on Portable/Removable Media or Devices:

* Confidential Information provided by HCA on Removable Media will be encrypted with NIST 800-series approved algorithms. Encryption keys will be stored and protected independently of the Data.
* HCA’s data must not be stored by the Receiving Party on Portable Devices or Media unless specifically authorized within the Data Share Agreement. If so authorized, the Receiving Party must protect the Data by:

1. Encrypting with NIST 800-series approved algorithms. Encryption keys will be stored and protected independently of the data;
2. Control access to the devices with a Unique User ID and Hardened Password or stronger authentication method such as a physical token or biometrics;
3. Keeping devices in locked storage when not in use;
4. Using check-in/check-out procedures when devices are shared;
5. Maintain an inventory of devices; and
6. Ensure that when being transported outside of a Secured Area, all devices with Data are under the physical control of an Authorized User.
7. Paper documents. Any paper records containing Confidential Information must be protected by storing the records in a Secured Area that is accessible only to authorized personnel. 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.
8. Confidential Information Segregation

HCA Confidential Information received under this Contract must be segregated or otherwise distinguishable from non-HCA data. This is to ensure that when no longer needed by the Contractor, all HCA Confidential Information can be identified for return or destruction. It also aids in determining whether HCA Confidential Information has or may have been compromised in the event of a security Breach.

* 1. The HCA Confidential Information must be kept in one of the following ways:

1. on media (e.g. hard disk, optical disc, tape, etc.) which will contain only HCA Data; or
2. in a logical container on electronic media, such as a partition or folder dedicated to HCA’s Data; or
3. in a database that will contain only HCA Data; or
4. within a database and will be distinguishable from non-HCA Data by the value of a specific field or fields within database records; or
5. when stored as physical paper documents, physically segregated from non-HCA Data in a drawer, folder, or other container.
   1. When it is not feasible or practical to segregate HCA Confidential Information from non-HCA data, then both the HCA Confidential Information and the non-HCA data with which it is commingled must be protected as described in this Attachment.
6. Confidential Information Shared with Subcontractors

If HCA Confidential Information provided under this Contract is to be shared with a Subcontractor, the contract with the Subcontractor must include all of the Confidential Information Security Requirements.

1. Confidential Information Disposition

When the Confidential Information is no longer needed, except as noted below, the Confidential Information must be returned to HCA or destroyed. Media are to be destroyed using a method documented within NIST 800-88 (<http://csrc.nist.gov/publications/PubsSPs.html>).

1. For HCA’s Confidential Information stored on network disks, deleting unneeded Confidential Information is sufficient as long as the disks remain in a Secured Area and otherwise meet the requirements listed in Section 3, above. Destruction of the Confidential Information as outlined in this section of this Attachment may be deferred until the disks are retired, replaced, or otherwise taken out of the Secured Area.

# SCHEDULE A: *Statement of Work*

Contractor Obligations

1. Short and/ or Long Term Disability Plan Benefits
   1. Contractor must provide services and deliverables, and otherwise do all things necessary for or incidental to the performance of work as set forth under this Statement of Work (SOW).
2. Plan Administration Duties
   1. As part of Contractor’s administration of short and/ or long term disability insurance benefits, the contractor will, at its own expense:
      1. Provide all necessary plan documents to participants either electronically or hardcopy upon a Subscriber’s request, which will include at a minimum (i) booklet/ certificate and, (ii) enrollment communications;
      2. Provide a customized Employer Administrative Manual.
      3. An online administration platform to streamline and simplify disability insurance benefits management. Online administration platform will:
      4. Process monthly premium statements / payments
      5. Meet with HCA on a regular basis (at mutually agreed-upon times) for stewardship and comprehensive planning purposes
      6. Confer on specific questions, when requested by HCA, concerning plan provisions relating to eligibility, effective dates, cessation of coverage and other matters that may affect the administration of the plan
      7. Provide HCA Contract Management with financial and underwriting services, including rate development and projected cost changes for plan revisions
      8. Provide advice on new benefit trends and plan design modifications
      9. Leverage Contractor’s public sector block of customers to provide plan benchmarking and report other industry finds as requested by HCA
      10. HCA completes an annual rule review that complies with RCW 34.05.310, 380(3) and 395. Contractor is required to participate in this process and review and provide comment on the proposed rule changes.
      11. Notify HCA of any statutory or applicable regulatory changes needed to comply with administration or eligibility for the group short and/ or long term disability insurance products
      12. Contractor may be required to review and comment on legislative requests for information, provide ad hoc data sets or other requests for information from HCA
3. Date for Age Determination for Age Bands
   * 1. Bidder can only adjust individual payment rates for persons insured by the Subscriber moving between age bands once a year, on January 1st of each year.
4. Billing and Invoicing
   1. Bidder must:
      1. Work with the various payroll systems to develop a mutually agreed upon billing and processing system that includes:
         1. Provide payroll deduction and volume of insurance files to the HCA in a mutually agreed upon file format
         2. Provide alternate billing solutions for subscribers and employers
         3. Develop an interface that allows two-way data steams
         4. Timely billing and remittance of premiums
         5. Collaborate to develop a bill/ remit file transfer schedule that meets both the vendor and HCA’s needs
         6. Apply Disability insurance plan rules regarding coverage termination and reduction of coverage
5. Evidence of Insurability (EOI) Services
   1. Contractor will:
      1. Apply disability insurance plan rules to determine when medical evidence is required for coverage
      2. Provide an online EOI to Subscribers with real time auto adjudication for most applications
      3. Provide a paper EOI to Subscribers who elect to not utilize the Contractor’s website
      4. Process all EOI applications and provide follow-up correspondence to the Subscriber regarding the status and final determination
      5. Provide an appeal process for EOI determinations
6. Claims
   1. The Contactor will establish a file for each claimant and maintain a claims system where each claim is entered into the system and payment and denial records are maintained. These records will be maintained in the Contractor’s office or other location determined by the Contractor and agreed to by the Authority.
   2. Provide instructions outlining proper claim submission techniques
   3. Claims Preparation
      1. Provide subscriber with confirmation of claim receipt
      2. Mail claim kit to subscriber
      3. Follow up with subscriber for missing information
      4. Provide support for completing claim submission
      5. Respond to claim status inquires from HCA, the Employer, subscriber, or beneficiary
   4. The Contactor will analyze and investigate claims submitted by eligible employees in accordance with the provisions of the group insurance policy and determine the amount of benefits payable, if any.
   5. The Contractor will pay, issue and mail checks for benefits payable under the group insurance policy or deny payment of benefits.
   6. If a claim is denied, a letter will be sent to the claimant by the Contactor with the reason for denial in accordance with the claims provisions of the group insurance policy.
   7. Staff claims office phone center with claim reviewers and claim examiners trained in Disability claim processing and customer service for disability claims
   8. Review complex claim system in a web-based application that captures claim-and-customer-specific plan information to automate the key processes required to adjudicate a disability claim
   9. Provide HCA claim forms filed and approved by the Washington State Office of the Insurance Commissioner
   10. Process all appeals related to SOH and claims (which includes beneficiary designation)
7. Appeals
   1. HCA must process and adjudicate ERB Division benefits eligibility, enrollment, and premium payments appeals. Contractor will route appeals of this nature erroneously sent to Contractor to the ERB Division’s Appeals Manager within two (2) business days of Contractor’s receipt of ERB Programs’ benefits eligibility appeal.
      1. Appeals can be routed by mail or fax:

**Mail:** ERB Appeals

Health Care Authority

PO Box 42699

Olympia, WA 98504-2699

**Fax:** (360) 725-0771

* + 1. Contractor must process and adjudicate all claims appeals, beneficiary designation appeals and Statement of Health (SOH) appeals.
       1. Upon HCA request for the purposes of auditing compliance with this Contract and the Disability Insurance benefit design, Contractor will provide a 10% sample of completed appeal adjudication files for a time period selected by HCA.
       2. Contractor will correct any errors on individual accounts that are identified during the audit review within five (5) calendar days of having all necessary information.
       3. If HCA identifies an issue(s) that could be systemic in the administration of benefits, Contractor and HCA will agree to a corrective action plan to further investigate and resolve the identified issue(s).

1. Contractor’s Communication Obligations
   1. The ASB must submit an implementation and enrollment communication plan no later than February 1, 2019.
   2. The ASB must renew their Certificate of Coverage (COC) annually by August 31 of each year.
      1. PDF must be available by October 1, 2019 and the beginning of Open Enrollment each year.
      2. During the initial open enrollment and plan year, Contractor should assume they will be required to provide a large volume of hard copies of COCs to HCA, Subscribers and Employers. Fifty (50) hard copies of the COC will be provided to HCA by January 15 each year.
      3. Copies for HCA to include in New Employee packets must be delivered to HCA’s warehouse by January 15 each year in numbers sufficient for warehouse stock as ordered by HCA.
   3. Relevant plan materials
      1. COCs, rate sheets, enrollment forms, claim packets, SOH, beneficiary designation and other relevant forms will be made available.
      2. The parties agree to work together to identify the relevant forms needed by May 1, 2019.
      3. The parties agree to work together to identify the relevant Spanish language version of forms needed by May 1, 2019.
   4. The ASB must supply and review the following during the ERB Programs’ annual Open Enrollment communication cycles:
      1. Articles for possible inclusion in the three (3) annual “For Your Benefits” (FYB) newsletters.
      2. Review of Disability description in Employee Enrollment guides.
      3. ERB Programs’ websites informational material.
   5. For 2019 Open Enrollment, the ASB must design, build, and receive full communication approval from ERB Division Communications’ for a Subscriber outreach and communication plan by February 1, 2019.
   6. The parties agree to work together to identify which forms are required to be dual-branded as HCA/ ERB, with the HCA/ ERB Mark and name by May 1, 2019.
   7. Beginning in October 2019, and each year thereafter, the ASB will provide at least one (1) trained representative to attend all the ERB-sponsored Annual Open Enrollment benefit fairs between the hours of 8:00 a.m. and 5:00 p.m. Pacific Time. Open Enrollment benefit fair representatives will be trained in the Disability Insurance-specific details of ERB benefits, Disability Insurance-specific information tools and resources, and salient issues affecting ERB Program’s Subscribers. ASBs may be invited to and choose to attend non-Open Enrollment events sponsored by ERB.HCA will notify the ASB of the Open Enrollment Benefit Fairs schedule by July 31 of each year.
   8. By February 1, 2020, the ASB will send a welcome announcement to all Subscribers informing them that their coverage is not administered by the ASB.
   9. During the plan year, the ASB will make available and mail a welcome packet to each new Subscriber who is enrolled in any Disability insurance benefit within thirty (30) calendar days of enrollment. The Welcome packet will include a description of the services available to each participating Subscriber and how to access the Disability Insurance benefit(s). The welcome packet must be approved by HCA.
2. Contractor’s Website Obligations
   1. Except during scheduled system shutdowns:
      1. Provide access to a website to subscribers twenty-four (24) hours a day, seven (7) days a week, regardless of holidays
      2. Establish an HCA program subscriber-specific landing page with a login to access the subscriber’s account and obtain information about SEBB disability insurance benefits
      3. Maintain secure, password protected online account that complies with the state’s OCIO data requirements
      4. Subscriber’s ability to access their account by logging onto the Contractor’s website
      5. Allow access to HCA-approved Disability insurance decision support tools and video tutorials to educate subscribers about disability insurance
      6. Provide accurate information about who is eligible, and how to apply for waiver of premium
      7. Provide an online calculator to estimate insurance premiums
      8. Provide subscribers with the ability to perform coverage maintenance updates
      9. Allow subscribes to view and update designated beneficiaries
      10. Allow subscribers to view Evidence of Insurability (EOI) status and make EOI submissions
      11. Include a user guide with helpful instruction information on how to use Contractor’s website features and provide training through demonstration on how to use the website
      12. Provide access to forms that can be printed by the Subscriber
      13. Provide subscribers access to a consolidated forms library
      14. Provide complete paper or electronic copies of the policy and coverage documents upon request by HCA of subscriber
      15. Provide links to and from the HCA and ERB programs websites
      16. Allow ERB Contract Managers immediate read only access to disability benefit information for all subscribers and beneficiaries
      17. Provide HCA Contract Manager access to all claims status and activity twenty four (24) hours a day, seven (7) days a week
      18. Provide written notice of at least thirty (30) calendar days to the HCA Contract Manager in advance of website address changes
      19. Collect premiums in accordance with RFP Section 2.5.C.
      20. Ensures access to information is available to individuals with disabilities under the Americans with Disabilities ACT (ADA)
3. Contractor’s Documentation Obligations

The ASB must

* 1. Provide all necessary plan documents to subscribers either electronically or hardcopy upon a Subscriber’s request, which will include at a minimum (i) booklet/ certificate and, (ii) enrollment communications;
  2. Make all plan materials available in print and accessible through the ASB's Subscriber online portal. If a Subscriber requests a paper copy of any plan communication, the ASB is required to absorb the costs of printing and mailing.
  3. Not market any other insurance products to SEBB or PEBB Programs Subscribers. The ASB may solicit supplemental coverage with Subscribers only once per year outside of Annual Open Enrollment events. Any solicitation communications must be reviewed and approved by HCA Communications prior to release by the ASB.
  4. Submit to HCA all advertising and publicity matters relating to this bid wherein HCA's or SEBB's or PEBB's name or Mark is mentioned or printed, or the language used may infer or imply a connection with HCA or SEBB or PEBB. The ASB will not publish or use HCA's or SEBB's or PEBB's name in advertising or publicity matters without the prior written consent of HCA.
  5. Dual-brand all Short and/ or Long Term Disability Insurance product communications as HCA/ SEBB or PEBB, with the HCA/ SEBB or PEBB Mark and name, unless HCA requests single branding. No communications with Disability Insurance Subscribers will be branded as being solely from the Bidder except with advance written approval of HCA.
  6. Communicate directly with Subscriber(s) about disability insurance only as is reasonably necessary to carry out the ASB’s obligations to HCA.
  7. Have written approval from HCA for all materials distributed or mailed to Subscribers prior to distribution or mailing.
  8. Get HCA pre-approval for advertisements on radio, Facebook, social media in general, newspapers, buses, or billboards if the communications are specific to Subscribers.
  9. Assure that all communications to disability insurance Subscribers relate directly to the disability insurance. The ASB may not send, assist, or allow anyone else to send any communications to disability insurance Subscribers except those relating directly to the Disability Insurance, unless authorized in writing in advance by HCA.
  10. Assure that all communications comply with the Americans with Disabilities Act and implementing regulations.
  11. Each year, at least 16 weeks prior to the start of the ERB Annual Open Enrollment, submit a work plan to HCA describing the efforts and materials that Bidder will use to reach out proactively to welcome Subscribers who elect STD and LTD insurance coverage for the next Plan Year.
  12. Provide at least one (1) trained representative to attend all the ERB-sponsored Annual Open Enrollment benefit fairs.
  13. At the beginning of 2020 send a welcome announcement to all Subscribers informing them that their coverage is now administered by the ASB.
  14. Make available during the plan year and mail a previously approved HCA welcome packet to each new Subscriber who is enrolled in any Disability insurance benefit within thirty (30) Calendar Days of enrollment.
  15. Collaborate with HCA to write a customized Employer Administration Manual
  16. Advise and assist the HCA, ERB Division, Employers, employees and beneficiaries in preparing forms for claims, reporting and disclosure
  17. Provide decision and guidance support to help Subscribers make informed decisions about plan choices
  18. Confirm current coverage amounts and beneficiaries with a letter any time coverage amounts or beneficiaries change,
  19. Allow Subscribers to opt out of receiving marketing materials from the Contractor if they choose, including both an “Unsubscribe” option and a “Do Not Mail” list for paper mail

1. Data

The ASB must

* 1. Furnish reports as required by federal and/ or state legislation and regulations along with reports outlined in Section of this Bid
  2. Provide at least quarterly financial and claims reporting as needed by the HCA and provide on demand reporting for HCA’s needs outside of the quarterly schedule
  3. Work collaboratively with HCA to provide data to support disease management efforts within HCA. This could include coordinating data elements with other vendors, such as a life insurance vendor.
  4. Provide information in all required reports under this Contract for the total Subscriber population broken down by Subscriber in the following sub-populations (this information will be provided to the Contractor through the eligibility file):
     1. Classified
     2. Bargaining Unit
     3. District
     4. Job Classification
  5. Provide required Quarterly Reports
     1. Detailed Claim File Report
        1. Show claim activity of subscribers on a quarterly and annual basis. Include the following information: amount paid, date paid, claim reference and whether the benefit was paid on behalf of the subscriber or beneficiary, the name of the insured, date incurred, date processed and other specific claim data. Ensure the report can be exported to Excel so that it can be easily sorted and manipulated.
     2. Customer Claim File Report
        1. Provide a report detailing claim data for a defined date range. The report shall include the following information: date of birth, coverage type, claimant name, employee ID, date of death, date reported, date paid, and paid amount.
     3. Financial Overview account information
        1. Provide a summary report of financial accounting. The report shall include premium and claim analysis, enrollment analysis and preferably a disability trend review. Results should be provided with a comparison of the Performance Guarantees outlined in Exhibit ? of RFP 2619.

* + 1. An Appeals report containing the following aggregate information about the appeals which the Contractor is responsible for:
       1. Volume of appeals for each of the following appeal types: claims appeals, beneficiary designation appeals, Statement of Health (SOH) appeals, and other (with brief description).
    2. A report containing call center metrics in the performance guarantees as well as total volume of calls, call abandonment rates (with a 3% abandonment rate being the benchmark), and with the volume of calls for the top five (5) issues prompting calls for that quarter.
  1. Annual report with the following:
     1. Explanation of corporate benchmarks used for underwriting by Contractor’s actuaries
     2. Annualized numbers for all monthly and quarterly reports
     3. Experience and volume by line of insurance
        1. Supplemental enrollment update by plan
        2. Number of failed underwritings not caused by lack of complete documentation
        3. Drops/ reduction in coverage
     4. Waivers of premium
     5. Summary of experience all plans for line of Contract
     6. Total claims paid
     7. Evaluation of premium and claims experience by plan

# EXHIBIT A: *HCA RFP #* 2619

RFP # 2619 dated *[Month, Day, Year]* is incorporated herein by this reference.

# EXHIBIT B: *Bidder Response to RFP #* 2619

Contractor’s bid in response to RFP *#* 2619 dated *[Month, Day, Year]* is incorporated herein by this reference.