|  |  |  |
| --- | --- | --- |
| C:\Users\ANDERM\Desktop\HCA-logo.png | CONTRACT forCascade Care Public Option Plans on the *Washington Healthplanfinder*. | HCA Contract Number: K     Resulting from Solicitation Number (If applicable: RFA 2020HCA1Contractor/Vendor Contract Number:  |
| **THIS CONTRACT** is made by and between Washington State Health Care Authority, (HCA) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (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 |
|       |       |
| HCA CONTACT NAME AND TITLE  | HCA CONTACT ADDRESS |
|      ,       | Health Care Authority626 8th Avenue SEPO Box \_\_\_\_ Olympia, WA 98504-\_\_\_\_ |
| HCA CONTACT TELEPHONE  | HCA CONTACT E-MAIL ADDRESS |
| (360) 725-      |       |
|  |  |  |
| CONTRACT START DATE | CONTRACT END DATE  | TOTAL MAXIMUM CONTRACT AMOUNT |
| Implementation Start Date: Date of ExecutionCoverage Start Date: January 1, 2021 | December 31, 2022 |       |
| PURPOSE OF CONTRACT: |  |  |
| To provide Standard Public Option (Cascade Care Public Option Plans) health plans on the individual market provided through the *Washington Healthplanfinder* (“the Exchange”). |
|  |  |  |
| 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 both parties. |
| CONTRACTOR SIGNATURE | PRINTED NAME AND TITLE | DATE SIGNED |
|  |       |  |
| HCA SIGNATURE | PRINTED NAME AND TITLE | DATE SIGNED |
|  |       |  |

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Exhibit B: [Bidder Name] Response to HCA RFA 2020HCA1

Note: Exhibits A and B are not attached but are incorporated by reference and available upon request to the HCA Contracts Administrator.

# Recitals

The state of Washington, acting by and through the Health Care Authority (HCA), issued a Request for Applications (RFA) dated February 27, 2020, (Exhibit A) for the purpose of obtaining Standard Public Option health plans (“Public Option Plans”) on the individual market provided through the *Washington Healthplanfinder* (“the Exchange”) in accordance with its authority under chapters 39.26 and 41.05 RCW.

[Contractor Name] submitted a timely Response to HCA’s RFA 2020HCA1 (Exhibit B).

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 Public Option Plan(s) on the individual market.

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

# STATEMENT OF WORK (SOW)

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

# DEFINITIONS

**All-Payer Claims Database or APCD** – Washington’s statewide all-payer health care claims database to support transparent public reporting of health care information as described in RCW 43.371.020.

**Annual Open Enrollment** – The period each year during which consumers may enroll or change coverage in a QHP and QDP through *Washington Healthplanfinder*. The open enrollment period for 2021 coverage is from November 1, 2020 through December 15, 2020, unless otherwise published by the Exchange as an amendment to the [2021 Guidance for Participation](https://www.wahbexchange.org/wp-content/uploads/2020/02/Final_2021-QHP-Guidance-for-Participation_022520_clean.pdf).

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

**Behavioral Health** – Mental health and/or Substance Use Disorders and/or conditions and related benefits.

**Behavioral Health Agency** – An entity licensed by the Department of Health to provide behavioral health services.

**Benefits Start Date** – The day the ASB will begin providing benefit coverage and services under the Contract. This date is currently scheduled for January 1, 2021.

**Book-of-Business** – All commerical business of the Contractor, including any and all fully insured self-insured products within the Applicant’s accounts.

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

**Bree Collaborative** – The statewide public-private consortium established in 2011 by the Legislature “to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State." Annually, the Bree Collaborative identifies up to three areas where there is substantial variation in practice patterns and/or high utilization trends that do not produce better care outcomes. Recommendations from the Bree Collaborative are sent to HCA to guide state purchasing for programs such as Medicaid and PEBB*. See generally* RCW 70.250.

**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 Contract includes Business Associate’s employees, agents, officers, Subcontractors, third party contractors, volunteers, or directors.

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

**Calendar Day** – Any day of the week, month, or year. Includes weekends and holidays. When “days” are not specified, Calendar Days shall prevail.

**Care Coordination** – The coordination of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care.

**Carrier** – A disability insurer regulated under chapter 48.20 or 48.21 RCW, a health care service contractor as defined in RCW 48.44.010, or a health maintenance organization as defined in RCW 48.46.020. *See generally* RCW 48.43.005(27). Contractor can provide documented proof of initiating the process with OIC to become a Carrier.

**Case Management** – A collaborative process of assessment, planning, facilitation, Care Coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.

**Centers for Medicare and Medicaid Services** or **CMS** – The federal agency that administers the nation’s major health care programs, including Medicare, Medicaid, and the Children’s Health Insurance Program.

**Code of Federal Regulations** or **CFR** – All references in this Contract to CFR chapters or sections include any successor, amended, or replacement regulation. The CFR may be accessed at <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>.

**Clinical Management** – The programs that apply systems, science, incentives, and information to improve medical practice and assist both consumers and their support system to become engaged in a collaborative process designed to manage medical/social/Behavioral Health conditions more effectively. The goal of Clinical Management is to achieve an optimal level of wellness and improve Care Coordination while providing cost effective, non-duplicative services.

**Clinically Integrated Network** – A health system or other formal structure of health care providers that has demonstrated clinical leadership by taking accountability for delivering integrated clinical care delivery models for defined populations designed to produce quality, cost-effectiveness, efficiency and value.

**CMS-Certified Other Payer Advanced Alternative Payment Models** or **APMs** – Payment arrangements that fall into one of the following categories and meet the Other-Payer Advanced APM criteria. These include: Medicaid; Medicare Health Plans (Medicare Advantage, Medicare-Medicaid Plans, 1876 Cost Plans, and Programs of All Inclusive Care for the Elderly (PACE) plans); CMS Multi-Payer 4 Models; and Commercial and private payer arrangements. Annually CMS reviews payment arrangement information submitted by Carriers to determine whether it meets the Other-Payer Advanced APM criteria. Once reviewed and approved, CMS will post a list of Other-Payer Advanced APMs online before the QP Performance Period.

**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.

**Coverage State Date** – The day the Contractor will begin provding benefit coverage and services under the Contract. The Coverage State Date for this Contract is January 1, 2021.

**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.

**Covered Lives –** The number of people enrolled in a particular health insurance plan.

**Critical Access Hospitals** or **CAHs** – A designation given to eligible rural hospitals by CMS. Congress created the Critical Access Hospital (CAH) through the Balanced Budget Act of 1997 (Public Law 105-33) in response to a series of rural hospital closures during the 1980s and early 1990s.

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

**Dependent** – Any individual who is or may become eligible for coverage under the terms of a group health plan because of a relationship to a participant.

**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.

**Evidence of Coverage** – A summary of the essential features of the group coverage contract produced and made avaialble to each covered person. The Evidence of Coverage is in effect during a given benefit year in which the date of service(s) received by the Member falls.

**Explanation of Benefits** or **EOB** – A statement sent to covered individuals explaing the medical treatments and/or services paid on their behalf.

**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 Benefit Exchange** or **HBE** – A public-private partnership created by the Legislature in 2011. HBE is responsible for the operation of the *Washington Healthplanfinder*, an easily accessible online marketplace, for individuals and families to find, compare and enroll in Qualified Health Plans (QHPs), Qualified Dental Plans (QDPs) and Washington Apple Health (Medicaid).

**Health Care Authority** or **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.

**Health Equity** – A status that is achieved when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or any other circumstance. Achieving full health potential must reflect all the dimensions of health, including behavioral, physical, and oral health. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

**HIPAA** – The federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended from time to time, and its corresponding federal regulations.

**Integrated Delivery System** or **IDS** – Also known as integrated delivery network (IDN), is a health system with a goal of logical integration of the delivery (provision) of health care or a specific network of health care organizations constituting a corporate group that integrates care and coordinates the patient journey across care transitions.

**Member** – Subscribers and their Dependents who are enrolled in a health plan with a Carrier, and for whom premium payments have been made.

**Non-Standard Plans** – Current qualified health plans offered on the Exchange in 2020.

**Office of the Insurance Commissior** or **OIC** – The state agency with regulatory oversight of the insurance industry. The OIC oversees Washington State’s insurance industry to protect consumers and to ensure companies, agents, and brokers comply with governing law. The OIC protects consumers, the public interest and the state economy through fair and efficient regulation of the insurance industry.

**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.

**Patient Decision Aid** – A tool that can help people engage in shared health decisions with their health care provider.

**Patient Reported Outcomes** – A health outcome directly reported by the patient who experienced it.

**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** or **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).

**Plan Year** – The twelve (12) month period beginning on January 1 of each year and ending December 31 of the same year.

**Public Option Plan** – A qualified health plan procured by the Health Care Authority and offered on the Health Benefit Exchange as described in RCW 41.05.410 that meets the standard plan design and additional affordability and quality metrics included in Exhibit A.

**Quadruple Aim** – A framework that health institutions adopt to help in their efforts to improve patient care and quality outcomes. It is based on the Institute for Healthcare Improvement’s (IHI) Triple Aim, which looks at the patient experience of care, reducing the total cost of care, and population health, and then adds a fourth focus of improving workforce well-being with the mindset that satisfied health care providers equate to satisfied patients.

**Quality Improvement** – A systematic and continuous set of actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

**Quality Management** – A planned systematic, organization-wide approach to the monitoring, analysis, and improvement of organizational performance, thereby continually improving the quality of patient care and services provided and the likelihood of desired patient outcomes.

**Response –** Contractor’s Response to HCA’s RFA 2020HCA1 for Public Option Plan(s) on the individual market provided through *Washington Healthplanfider* and is Exhibit B hereto.

**Request for Applications** or **RFA** – The Request for Applications used as the solicitation document to establish this Contract, including all its amendments and modifications and is Exhibit A hereto.

**Request for Renewal** or **RFR** – The annual process and accompanying documents used by HCA when issuing requested and/or required changes to the benefits or Contractor’s deliverables for the next Plan Year. Once Contractor and HCA come to an agreement on the benefit change(s) or Contractor’s deliverables, they will be incorporated in to this Contract as an amendment.

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

**Shared Decision Making** – The process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.

**Social Determinants of Health** – Conditions in the places where people live, work, learn, and play that affect a wide range of health outcomes and risks. Examples include housing, education, transportation, employment, and social support.

**Sole Community Hospitals** or **SCHs** – A designation by CMS. *See generally* Section 1886(d)(5)(D) of the Social Security Act.

**Standard Plans** – A qualified health plan offered on the Health Benefit Exchange (“the Exchange”) as described in RCW 41.05.410 that includes the standard plan benefit design requirements.

**Standard Benefit Design Plan** – A standardized health benefit plan design developed by the Health Benefit Exchange to provide consistent cost-sharing and benefit design across all Carriers; allows consumers the ability to compare plans across Carriers.

**Statement of Work** or **SOW** – Adetailed 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** –

**Summary of Benefits and Coverage** – A document, required under the Affordable Care Act, that insurance companies and group health plans provide to consumers comparing benefits and coverage for different plans. The information provided must be concise, in plain language, and consistent with the health plans benefits and coverage information for consumers to easily compare different coverage options in order to select their health plan.

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

**Value-Based Payments** – Defined by HCA as payments to providers that are linked to cost and quality, as defined by CMS LAN Categories 2C-4B.

**Value-Based Purchasing** or **VBP** – Contractural arrangements between a purchaser (e.g., Apple Health, PEBB, CMS) and its contractors and partners (e.g., managed care organizations or third party administrators) that incentivize them to meet specified value-based targets which may include quality, cost, access, patient and provider experience, and other value-based metrics.

**Washington Administration Code** or **WAC** – References to specific titles, chapters, or sections of the WAC include any substitute, successor, or replacement title, chapter, or section. Pertinent WACs may be accessed at: <http://app.leg.wa.gov/wac/>.

***Washington Healthplanfinder*** – The marketplace in Washington State operated by the Washington Health Benefit Exchange where qualified individuals can shop for and enroll in qualified health plans (QHPs) and qualified dental plans (QDPs).

**Washington State Common Measure Set** – A set of statewide measures for Washington State that provide the foundation for health care accountability and measuring performance. Engrossed Second Substitute House Bill 2572 (Laws of 2014, Chapter 223) is the authorizing legislation that enabled the creation, ongoing evolution and implementation of the measure set.

# SPECIAL TERMS AND CONDITIONS

## PERFORMANCE EXPECTATIONS

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

### 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;

### Provision of high quality services.

HCA will review and evaluate the performance of Contractor in accordance with Contract and these performance expectations and will advise Contractor if expectations are not met or Contractor’s performance is unsatisfactory.

## TERM

### The initial term for implementation will commence on the date of last signature and continue until implementation is complete or the commencement of the Coverage Start Date identified in Section 3.2.2, whichever is later. If implementation continues beyond January 1, 2021, Contractor will be required to begin coverage for Subscribers in addition to finishing implementation requirements.

### Coverage state date for Subscribers will commence on January 1, 2021 and continue through December 31, 2023, unless terminated sooner as provided herein.

### HCA reserves the right, at its sole discretion, to extend the Contract for up to two (2) additional two (2) year periods. 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.

## COnsideration

Senate Bill 5526 requires HCA, in partnership with HBE and the OIC, to implement Cascade Care and contract with carriers to provide Public Option Plans on the Exchange. Contractor has successfully passed HCA, HBE and OIC's respective reviews and is awarded the opportunity to offer a Public Option Plan(s) on the Exchange.

## 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 has final approval on all reviews and renewals provided herein.

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

|  |  |
| --- | --- |
| CONTRACTORContract Manager Information | Health Care AuthorityContract Manager Information |
| Name: |       | Name: |       |
| Title: |       | Title: |       |
| Address: |       | Address: |       |
| Phone:  |       | Phone:  |       |
| Email:  |       | Email:  |       |

## 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 delivered in person, via email, 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)

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

### Recitals

### Special Terms and Conditions;

### General Terms and Conditions;

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

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

### Exhibit A: *HCA RF*A 2020HCA1 for Public Option Plans to be offered on *Washington Healthplanfinder*, dated February 27, 2020;

### 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.

### 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 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 for services furnished by the Contractor pursuant to this Contract.

## AMENDMENTS

This Contract may be amended by mutual agreement of the parties. Such amendments will not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

## 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 4.37, *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 4.4.1 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

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

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) within five 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 19.255.010, 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 Contractor’s 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 (debarred). 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 4.44 *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 4.41.3, *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 constitutes computer trespass in the first degree pursuant to RCW 9A.52.110. Violation of any of these laws or policies could result in termination of the contract and other penalties.

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.

## 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. Furthermore, any alteration, amendment, modification, or waiver or any clause or condition of this Contract is not effective or binding unless made in writing and signed by the HCA Authorized Representative.

## 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 will 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 (Engrossed House Bill 1109, Sec. 211), 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

### The award of this Contract to Contractor 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 (collectively “Work Product”) produced pursuant to this Contract will be considered a *work for hire* under the U.S. Copyright Act, 17 U.S.C. §101 *et seq*, and 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.

### If for any reason the Work Product would not be considered a *work for hire* under applicable law, Contractor 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 will 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 acquired 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 will comply with all applicable local, State, and federal licensing, accreditation and registration requirements and standards necessary in the performance of the Services.

### EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS (MANDATORY INDIVIDUAL ARBITRATION). Contractor represents and warrants, as previously certified in Contractor’s bid submission, that Contractor does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers. Contractor further represents and warrants that, during the term of this Contract, Contractor shall not, as a condition of employment, require its employees to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

### Any written commitment by Contractor within the scope of this Contract will be finding 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       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 10 characters long.
	2. Passwords for internal authentication must be a minimum of 8 characters long.
	3. Passwords used for system service or service accounts must be a minimum of 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**

1. Annual Validation and Renewal Process
	1. On an annual basis (on or around August of each calendar year) HCA will conduct a validation and renewal process for existing Public Option Plans. Through the annual process, HCA will assess and adjust the Public Option Plans in the following areas:
		* Validating the quality and value components to ensure they have met required standards: Carriers are expected to provide reports, complete surveys and develop plans to meet the quality and value requirements as outlined in Exhibit A - Appendix 2. Value and quality requirements include but are not limited to select Bree Recommendations, HTA decisions, quality measures and implementation of APMs and other VBP strategies.
		* The methodology under which affordability will be assessed is provided in Exhibit A - Appendix 4.
		* Validation will take into account the optional safe harbor and/or value-based payment safe harbor adjustments as outlined in Exhibit A - Section 1.10, Optional Safe Harbor to Facilitate Public Option Plan Offerings, and Exhibit A - Section 1.11, Incentives for Value-Based Payment Arrangements with Providers Provided by Safe Harbor.
		* Initially, Applicants will be required to submit claims data and/or contracted unit cost information for their Public Option Plan provider network. Over time, to minimize administrative burden, HCA intends to explore other data sources including but not limited to the All Payer Claims Database (APCD). HCA may also explore other methodologies that demonstrate increased affordability. These methods may include, but are not limited to, offering Public Option Plans that provide actuarially sound premiums that are at least ten (10) percent lower than the previous Plan Year.
		* Addressing requirements gaps: Upon assessing the quality, value and affordability standards, HCA will provide a report to the carrier confirming standards were met and/or outlining areas where improvement is needed. If improvement is needed, the carrier will be required to develop a plan to demonstrate how and when they will close the gap in meeting the required standards.
		* Expanding quality and value standards: HCA will review and refine the Public Option Plan quality and value components during the term of this Contract. This approach allows standards to evolve and provides a mechanism of continual improvement and alignment with current state agency value-based purchasing strategies. Examples may include incorporating additional Bree recommendations and VBP strategies or common measures. Additional components may be added including standards for population health management; high-value, proven care; health equity; primary care; care coordination and chronic disease management; wellness and prevention; prevention of wasteful and harmful care; and patient engagement.
	2. Contractors will also be required to participate with the requirements of HBE’s and OIC’s annual processes including HBE’s process to update the standard benefit design and annual plan certifications, and OIC’s process to review the rates, forms, and network access of health plans.
2. Value, Quality and Affordability Reporting Requirements
3. Recommendations of the Dr. Robert Bree Collaborative
* Contractor is required to report on progress and implement Bree Collaborative ‘health plan’ recommendations on selected topics (Exhibit A - Appendix 2, requirement 1)
* Anticipated in July, 2021 – Report will be submitted to HCA using HCA-developed template. Report will cover progress beginning January 1, 2021 through June 30, 2021.
* Anticipated in July, 2022 – Report will be submitted to HCA using HCA-developed template. Report will cover information demonstrating how the required Bree Collaborative ‘health plan’ recommendations were implemented in Plan Year 2021.
1. Health Technology Assessment Decisions
* Contractor is required to provide a report on alignment of their coverage criteria to Health Technology Clinical Committee (HTCC) decisions (Exhibit A - Appendix 2, requirement 2).
* Aniticipated in July, 2021 – Report will be submitted to HCA using HCA-developed template. Report will cover progress on alignment beginning January 1, 2021 through June 30, 2021.
* Anticipated in July, 2022 – Report on alignment will be submitted to HCA using HCA-developed template for Plan Year 2021.
1. Washington State Common Measure Set Quality Metrics
* Contractor is required to report on specified quality metrics and, for administrative measures only, to report on these metrics by region, sex, and age group, and, to the extent the Contractor is in possession of the data, by race, ethnicity, and language (Exhibit A - Appendix 2, requirement 3).
* Anticipated in July 2022 – Report on quality metrics will be submitted to HCA using HCA-developed template for Plan Year 2021.
* If Contractor is not in possession of race, ethnicity, and language data for their Qualified Health Plan (QHP) population, Contractor must submit and implement a plan to collect this data for their population enrolled in a procured QHP (Exhibit A - Appendix 2, requirement 4)
1. Maintaining and Improving Health and Alignment to State Agency Value-based Purchasing
* Contractor will participate in HCA’s annual paying for value survey (Exhibit A - Appendix 2, requirement 5).
	+ Anticipated in July/August annually – This survey will be submitted to HCA using an HCA-developed template.
* Contractor is required to complete the HCA Primary Care Expenditure template for the population enrolled in Public Option Plans (Exhibit A - Appendix 2, requirement 6).
	+ Anticipated in July/August annually – Primary Care Expenditure template will be submitted to HCA using HCA-developed template.
* Contractor is required to submit a report including descriptions on utilizing and/or implementing Health Improvement activities (Exhibit A - Appendix 2, requirement 7).
	+ Anticipated in July/August annually - Health Improvement Report will be submitted to HCA using HCA-developed template.
1. Affordability Standards
* Contractor is required to demonstrate adherence to the affordability requirements (Exhibit A - Appendix 2, requirement 8).
	+ Anticipated in July, 2021 – Claims data will be submitted using HCA-developed template. Report will cover claims beginning January 1, 2021 through March 31, 2021.
	+ Anticipated July 2022 – Claims data will be submitted using HCA-developed template. Report will cover claims beginning January 1, 2021 through December 31, 2021.
	+ Anticipated July 2023 – Claims data will be submitted using HCA-developed template. Report will cover claims beginning January 1, 2022 through December 31, 2022.
1. Contractor will annually attest that their projected reimbursement rates are equal to or below the target.
2. Contractor will ensure enrollee insurance cards include a specific prefix in the member identification number to support the tax exemption as a benefit to their provider network.