



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR QUALIFICATIONS AND QUOTATIONS (RFQQ)

RFQQ NO. 3818

***NOTE:** If you download this RFQQ from the Health Care Authority website, you are responsible for sending your name, address, e-mail address, and telephone number to the RFQQ Coordinator in order for your organization to receive any RFQQ amendments or bidder questions/agency answers. HCA is not responsible for any failure of your organization to send the information or for any repercussions that may result to your organization of any such failure.*

PROJECT TITLE: Universal Health Care Work Group

PROPOSAL DUE DATE: July 15, 2019 by 3:00 p.m. Pacific Time, Olympia, Washington, USA.

E-mailed bids will be accepted. Faxed bids will not.

ESTIMATED TIME PERIOD FOR CONTRACT: August 8, 2019 through November 15, 2020

The Health Care Authority reserves the right to extend the contract for up to one additional one-year period at the sole discretion of the Health Care Authority.

BIDDER ELIGIBILITY: This procurement is open to those Bidders that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

COMMODITY CODES: 918-75, 958-56, 958-68, 958-75, and 958-77.

TABLE OF CONTENTS

1. INTRODUCTION..... 4

1.1. PURPOSE AND BACKGROUND4

1.2. OBJECTIVES AND SCOPE OF WORK4

1.3. MINIMUM QUALIFICATIONS5

1.4. FUNDING.....6

1.5. PERIOD OF PERFORMANCE6

1.6. CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES6

1.7. DEFINITIONS.....6

1.8. ADA6

2. GENERAL INFORMATION FOR BIDDERS 7

2.1. RFQQ COORDINATOR7

2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES7

2.3. PRE-PROPOSAL CONFERENCE.....7

2.4. SUBMISSION OF PROPOSALS.....8

2.5. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE8

2.6. REVISIONS TO THE RFQQ9

2.7. DIVERSE BUSINESS INCLUSION PLAN9

2.8. ACCEPTANCE PERIOD.....9

2.9. COMPLAINT PROCESS9

2.10. RESPONSIVENESS10

2.11. MOST FAVORABLE TERMS10

2.12. CONTRACT AND GENERAL TERMS & CONDITIONS.....10

2.13. COSTS TO PROPOSE11

2.14. RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS.....11

2.15. NO OBLIGATION TO CONTRACT.....11

2.16. REJECTION OF PROPOSALS.....11

2.17. COMMITMENT OF FUNDS11

2.18. ELECTRONIC PAYMENT11

2.19. INSURANCE COVERAGE (ADD OTHER INSURANCE AS REQUIRED)11

3. PROPOSAL CONTENTS..... 15

3.1. LETTER OF SUBMITTAL (MANDATORY)15

3.2. QUALIFICATIONS SECTION (SCORED).....	16
3.3. QUOTATIONS SECTION (SCORED).....	20
4. EVALUATION AND CONTRACT AWARD.....	21
4.1. EVALUATION PROCEDURE.....	21
4.2. EVALUATION WEIGHTING AND SCORING.....	21
4.3. SUBSTANTIALLY EQUIVALENT SCORES.....	22
4.4. NOTIFICATION TO BIDDERS.....	22
4.5. DEBRIEFING OF UNSUCCESSFUL BIDDERS	22
4.6. PROTEST PROCEDURE	22
5. RFQQ EXHIBITS	24

Exhibits

Exhibit A – *Certifications and Assurances*

Exhibit B – *Diverse Business Inclusion Plan*

Exhibit C – *Contract with Statement of Work*

1. INTRODUCTION

1.1. PURPOSE AND BACKGROUND

The Washington State Health Care Authority (HCA) is initiating this Request for Qualifications and Quotations (RFQQ) under direction of Engrossed Substitute House Bill 1109, subsection 211(57) to solicit proposals from firms interested in participating on a project to evaluate the feasibility and develop a proposal for the Washington State Legislature on universal health care coverage.

HCA will convene a Universal Health Care Work Group (Work Group) starting in August 2019. The Work Group will use a public process to evaluate feasibility and develop a proposal(s) for the Washington State Legislature (Legislature). The proposal will be delivered by November 15, 2020. HCA is seeking a neutral contractor to support the Work Group in developing proposal(s) and performing financial analysis.

HCA intends to award one contract(s) to provide the services described in this RFQQ.

1.2. OBJECTIVES AND SCOPE OF WORK

1.2.1. The Work Group will “consist of a broad range of stakeholders with expertise in the health care financing and delivery system, including but not limited to:

- a. Consumers, patients, and the general public;
- b. Patient advocates and community health advocates;
- c. Large and small businesses with experience with large and small group insurance and self-insured models;
- d. Labor, including experience with Taft-Hartley coverage;
- e. Health care providers that are self-employed and health care providers that are otherwise employed;
- f. Health care facilities such as hospitals and clinics;
- g. Health insurance carriers;
- h. The Washington health benefit exchange and state agencies, including the office of financial management, the office of the insurance commissioner, the department of revenue, and the office of the state treasurer; and
- i. Legislators from each caucus of the house of representatives and senate.”

1.2.2. The Work Group’s objective is to “study and make recommendations to the legislature how to create, implement, maintain, and fund a universal health care system that may include publicly funded, publicly administered, and publicly and privately delivered health care that is sustainable and affordable to all Washington residents including, but not limited to:

- a. Options for increasing coverage and access for uninsured and underinsured populations;
- b. Transparency measures across major health system actors, including carriers, hospitals, and other health care facilities, pharmaceutical companies, and provider groups that promote understanding and analyses to best manage and lower costs;

- c. Innovations that will promote quality, evidence-based practices leading to sustainability, and affordability in a universal health care system. When studying innovations under this subsection, the work group must develop recommendations on issues related to covered benefits and quality assurance and consider expanding and supplementing the work of the Robert Bree collaborative and the health technology assessment program;
 - d. Options for ensuring a just transition to a universal health care system for all stakeholders including, but not limited to, consumers, businesses, health care providers and facilities, hospitals, health carriers, state agencies, and entities representing both management and labor for these stakeholders;
 - e. Options to expand or establish health care purchasing in collaboration with neighboring states; and
 - f. Options for revenue and financing mechanisms to fund the universal health care system. The work group shall contract with one or more consultants to perform any actuarial and financial analyses necessary to develop options under this subsection.”
- 1.2.3. HCA will convene the Work Group on a regular basis starting in August of 2019, and continue through November of 2020. The Work Group will define the array of potential options for universal health care coverage in Washington State and refine a proposal for the Legislature to consider.
- 1.2.4. HCA is seeking contractor support for the Work Group with (1) Health Care policy analysis and financial analysis, (2) subject matter expertise, (3) facilitation and project management, and (4) creative proposals to manage deliverables within budget. The Work Group will direct the agenda and recommend the ultimate strategy to the Legislature. The Apparently Successful Bidder (ASB) will provide non-biased, independent assistance to the Work Group, culminating in a proposal for universal health care coverage in Washington State. HCA will convene and guide the Work Group processes, in consultation with the contractor.
- 1.2.5. The ASB will provide guidance and recommend strategies for the HCA project team and Contractor to collaboratively complete the project tasks and deliverables within budget. The Contractor should prioritize creative approaches to focus the work within the budgeted amount.

1.3. MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders:

- a. Licensed to do business in the State of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.
- b. At least eight years’ combined experience facilitating large, diverse, stakeholder groups.
- c. At least eight years’ combined experience working with health care financial analyses.
- d. At least five years’ combined experience consulting on Washington State health policy.
- e. At least five years’ combined experience consulting on national health policy in Washington State or other states.

1.4. FUNDING

HCA has budgeted an amount not to exceed four-hundred-eighty-five-thousand Dollars (\$485,000.00) for this project. Proposals in excess of \$485,000.00 will be considered non-responsive and will not be evaluated.

Any contract awarded as a result of this procurement is contingent upon the availability of funding.

1.5. PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFQQ is tentatively scheduled to begin on or about August 1, 2019 and to end on November 15, 2020. The contract end date of November 15, 2020 is contingent on carry-forward approval of budget amounts. Alternatively, the contract will end on June 30, 2020. Bidders should base their response on a contract end date of November 15, 2020. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA reserves the right to extend the contract for a one time extension of one year.

1.6. CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.7. DEFINITIONS

Definitions for the purposes of this RFQQ include:

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

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

HCA – The Health Care Authority, an executive agency of the state of Washington that is issuing this RFQQ.

Proposal – A formal offer submitted in response to this solicitation.

Request for Qualifications and Quotations (RFQQ) – Formal procurement document in which a service or need is identified and firms are invited to provide their qualifications to provide the services and their hourly rates.

1.8. ADA

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFQQ Coordinator to receive this Request for Qualifications and Quotations in Braille or on tape.

2. GENERAL INFORMATION FOR BIDDERS

2.1. RFQQ COORDINATOR

The RFQQ Coordinator is the sole point of contact in HCA for this procurement. All communication between the Bidder and HCA upon release of this RFQQ must be with the RFQQ Coordinator, as follows:

Name	Vicki Sprague
E-Mail Address	contracts@hca.wa.gov [SUBJECT LINE: RFQQ 3818]
Mailing Address	PO Box 42702 Olympia WA 98504-2702
Physical Address for Delivery	Cherry Street Plaza 626 8 th Avenue Olympia WA 98501
Phone Number	(360) 725-9794

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely on written statements issued by the RFQQ Coordinator. Communication directed to parties other than the RFQQ Coordinator may result in disqualification of the Bidder.

2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

Issue Request for Qualifications and Quotations	6/26/2019
Pre-Proposal Conference	7/1/2019 – 12 PM
Questions Due	7/2/2019 - 3:00 PM
Answers Posted	7/8/2019
Proposals Due	7/15/2019 - 3:00 PM
Evaluate Proposals	7/16/2019-7/24/2019
Announce “Apparent Successful Bidder” and send notification via e-mail to unsuccessful Bidders	7/26/2019
Hold Debriefing Conferences (if requested)	7/31/2019-8/1/2019
Negotiate Contract	7/31/2019-8/1/2019
Begin Contract Work - Estimated	8/8/2019

HCA reserves the right to revise the above schedule.

2.3. PRE-PROPOSAL CONFERENCE

A pre-proposal conference call is scheduled to be held on July 1, 2019 at 12:00 p.m. to 1:00 p.m., Pacific Daylight Time. Conference call details are as follows:

Conference Line: 888-407-5039
Access code: 74891126

All prospective Bidders should attend; however, attendance is not mandatory.

HCA will be bound only to HCA written answers to questions. Questions arising at the pre-proposal conference or in subsequent communication with the RFQQ Coordinator will be documented and answered in written form. A copy of the questions and answers will be sent to each prospective Bidder that has made the RFQQ Coordinator aware of its interest in this procurement, and will be posted on WEBS.

2.4. SUBMISSION OF PROPOSALS

ELECTRONIC PROPOSALS:

The proposal must be received by the RFQQ Coordinator no later than the Proposal Due deadline in Section 2.2., *Estimated Schedule of Procurement*.

Proposals must be submitted electronically as an attachment to an e-mail to the RFQQ Coordinator at the e-mail address listed in Section 2.1, RFQQ Coordinator. Attachments to e-mail should be in Microsoft Word format or PDF. Zipped files cannot be received by HCA and cannot be used for submission of proposals. The cover submittal letter and the Certifications and Assurances form must have a scanned signature of the individual within the organization authorized to bind the Bidder to the offer. HCA does not assume responsibility for problems with Bidder's e-mail. If HCA e-mail is not working, appropriate allowances will be made.

Proposals may not be transmitted using facsimile (fax) transmission.

Bidders should allow sufficient time to ensure timely receipt of the proposal by the RFQQ Coordinator. Late proposals will not be accepted and will be automatically disqualified from further consideration, unless HCA e-mail is found to be at fault. All proposals and any accompanying documentation become the property of HCA and will not be returned.

2.5. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Proposals submitted in response to this competitive procurement will become the property of HCA. All proposals received will remain confidential until the Apparent Successful Bidder is announced; thereafter, the proposals will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW).

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of your document, must be clearly designated. The information must be clearly identified and the particular exemption from disclosure upon which the Bidder is making the claim must be cited. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Bidder has marked as "Proprietary Information," HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains a court order enjoining that disclosure. If the Bidder fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains a court order from a court of competent jurisdiction enjoining disclosure

pursuant to chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, HCA will maintain the confidentiality of the Bidder's information per the court order.

A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but 24 hours' notice to the RFQQ Coordinator is required. All requests for information should be directed to the RFQQ Coordinator.

2.6. REVISIONS TO THE RFQQ

In the event it becomes necessary to revise any part of this RFQQ, addenda will be provided via e-mail to all individuals who have made the RFQQ Coordinator aware of their interest. Addenda will also be published on Washington's Electronic Bid System (WEBS). The website can be located at <https://fortress.wa.gov/ga/webs/>. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFQQ and will be placed on the website.

HCA also reserves the right to cancel or to reissue the RFQQ in whole or in part, prior to execution of a contract.

2.7. DIVERSE BUSINESS INCLUSION PLAN

Bidders will be required to submit a Diverse Business Inclusion Plan with their proposal. In accordance with legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation in all contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal Governmental Rules included or referenced in the contract documents will apply.

2.8. ACCEPTANCE PERIOD

Proposals must provide 120 calendar days for acceptance by HCA from the due date for receipt of proposals.

2.9. COMPLAINT PROCESS

2.9.1. Vendors may submit a complaint to HCA based on any of the following:

- a. The solicitation unnecessarily restricts competition;
- b. The solicitation evaluation or scoring process is unfair; or
- c. The solicitation requirements are inadequate or insufficient to prepare a response.

2.9.2. A complaint may be submitted to HCA at any time prior to five business days before the bid response deadline. The complaint must meet the following requirements:

- a. The complaint must be in writing;

- b. The complaint must be sent to the RFQQ Coordinator in a timely manner;
- c. The complaint should clearly articulate the basis for the complaint; and
- d. The complaint should include a proposed remedy.

The RFQQ Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the solicitation will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. The complaint may not be raised again during the protest period. HCA's action or inaction in response to the complaint will be final. There will be no appeal process.

2.10. RESPONSIVENESS

All proposals will be reviewed by the RFQQ Coordinator to determine compliance with administrative requirements and instructions specified in this RFQQ. The Bidder is specifically notified that failure to comply with any part of the RFQQ may result in rejection of the proposal as non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.11. MOST FAVORABLE TERMS

HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms, which the Bidder can propose. HCA does reserve the right to contact a Bidder for clarification of its proposal.

HCA also reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

The Apparent Successful Bidder should be prepared to accept this RFQQ for incorporation into a contract resulting from this RFQQ. The contract resulting from this RFQQ will incorporate some, or all, of the Bidder's proposal. The proposal will become a part of the official procurement file on this matter without obligation to HCA.

2.12. CONTRACT AND GENERAL TERMS & CONDITIONS

The Apparent Successful Bidder will be expected to enter into a contract which is substantially the same as the sample contract and its general terms and conditions attached as Exhibit C. In no event is a Bidder to submit its own standard contract terms and conditions in response to this solicitation. The Bidder may submit exceptions as allowed in the Certifications and Assurances form, Exhibit A to this solicitation. All exceptions to the contract terms and conditions must be submitted as an attachment to Exhibit A, Certifications and Assurances form. If the Bidder fails to identify or object to any particular term or condition, that term or condition will be deemed agreed to by the Bidder, and will not be further discussed by HCA. HCA reserves the right to discuss any Bidder proposed change to terms or conditions and to clarify and supplement such proposal.

If, after the announcement of the ASB, and after a reasonable period of time, the ASB and HCA cannot reach agreement on acceptable terms for the Contract, HCA may cancel the selection and Award the Contract to the next most qualified Bidder.

2.13. COSTS TO PROPOSE

HCA will not be liable for any costs incurred by the Bidder in preparation of a proposal submitted in response to this RFQQ, in conduct of a presentation, or any other activities related to responding to this RFQQ.

2.14. RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one responsive proposal as a result of this RFQQ, HCA reserves the right to either: 1) directly negotiate and contract with the Bidder; or 2) not award any contract at all. HCA may continue to have the bidder complete the entire RFQQ process. HCA is under no obligation to tell the Bidder if it is the only Bidder.

2.15. NO OBLIGATION TO CONTRACT

This RFQQ does not obligate the state of Washington or HCA to contract for services specified herein.

2.16. REJECTION OF PROPOSALS

HCA reserves the right, at its sole discretion, to reject any and all proposals received without penalty and not to issue a contract as a result of this RFQQ.

2.17. COMMITMENT OF FUNDS

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFQQ. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.18. ELECTRONIC PAYMENT

The state of Washington prefers to utilize electronic payment in its transactions. The Apparent Successful Bidder is required to complete the Statewide Payee Registration form at the following link <https://ofm.wa.gov/it-systems/statewide-vendorpayee-services> to authorize such payment method.

2.19. INSURANCE COVERAGE (ADD OTHER INSURANCE AS REQUIRED)

As a requirement of the resultant Contract, the Apparent Successful Bidder is to furnish HCA with a certificate(s) of insurance executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below.

The ASB must, at its own expense, obtain and keep in force insurance coverage which will be maintained in full force and effect during the term of the contract. The ASB must furnish evidence in the form of a Certificate of Insurance that insurance will be provided, and a copy must be forwarded to HCA within 15 days of the contract effective date.

2.19.1. Liability Insurance

2.19.1.1. Commercial General Liability Insurance: ASB will maintain commercial general liability (CGL) insurance and, if necessary, commercial umbrella insurance, with a limit of not less than \$1,000,000 per each occurrence. If CGL insurance contains aggregate limits, the General Aggregate limit must be at least twice the “each occurrence” limit. CGL insurance must have products-completed operations aggregate limit of at least two times the “each occurrence” limit. CGL insurance must be written on ISO occurrence form CG 00 01 (or a substitute form providing equivalent coverage). All insurance must cover liability assumed under an insured contract (including the tort liability of another assumed in a business contract), and contain separation of insureds (cross liability) condition.

Additionally, the ASB is responsible for ensuring that any subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.

2.19.1.2. Business Auto Policy: As applicable, the ASB will maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit not less than \$1,000,000 per accident. Such insurance must cover liability arising out of “Any Auto.” Business auto coverage must be written on ISO form CA 00 01, 1990 or later edition, or substitute liability form providing equivalent coverage.

2.19.2. Employers Liability (“Stop Gap”) Insurance

In addition, the ASB will buy employers liability insurance and, if necessary, commercial umbrella liability insurance with limits not less than \$1,000,000 each accident for bodily injury by accident or \$1,000,000 each employee for bodily injury by disease.

2.19.3. Cyber-Liability Insurance / Privacy Breach Coverage

For the purposes of this section, the following definitions apply:

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 means 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 Apparent 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 Right and Privacy Act, as amended.

For the term of any resulting Contract and 3 years following its termination or expiration, the Apparent Successful Bidder must maintain insurance to cover costs incurred in connection with a security incident, privacy Breach, or potential compromise of Data, including:

- 2.19.3.1. Computer forensics assistance to assess the impact of a Data Breach, determine root cause, and help determine whether and the extent to which notification must be provided to comply with Breach notification laws;
- 2.19.3.2. Notification and call center services for individuals affected by a security incident, or privacy Breach;
- 2.19.3.3. Breach resolution and mitigation services for individuals affected by a security incident or privacy Breach, including fraud prevention, credit monitoring, and identity theft assistance; and
- 2.19.3.4. 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).

2.19.4. Additional Provisions

Above insurance policy must include the following provisions:

- 2.19.4.1. **Additional Insured.** The state of Washington, HCA, its elected and appointed officials, agents and employees must be named as an additional insured on all general liability, excess, umbrella and property insurance policies. All insurance provided in compliance with this contract must be primary as to any other insurance or self-insurance programs afforded to or maintained by the state.
- 2.19.4.2. **Cancellation.** State of Washington, HCA, must be provided written notice before cancellation or non-renewal of any insurance referred to therein, in accord with the following specifications. Insurers subject to 48.18 RCW (Admitted and Regulation by the Insurance Commissioner): The insurer must give the state 45 days advance notice of cancellation or non-renewal. If cancellation is due to non-payment of premium, the state must be given ten days advance notice of cancellation. Insurers subject to 48.15 RCW (Surplus lines): The state must be given 20 days advance notice of cancellation. If cancellation is due to non-payment of premium, the state must be given ten days advance notice of cancellation.
- 2.19.4.3. **Identification.** Policy must reference the state's contract number and the Health Care Authority.
- 2.19.4.4. **Insurance Carrier Rating.** All insurance and bonds should be issued by companies admitted to do business within the state of Washington and have a rating of A-, Class VII or better in the most recently published edition of Best's Reports. Any exception must be reviewed and approved by the Health Care Authority Risk Manager, or the Risk Manager for the state of Washington, before the contract is accepted or work may begin. If an insurer is not admitted, all insurance policies and procedures for issuing the insurance policies must comply with chapter 48.15 RCW and 284-15 WAC.

2.19.4.5. **Excess Coverage.** By requiring insurance herein, the state does not represent that coverage and limits will be adequate to protect ASB, and such coverage and limits will not limit ASB liability under the indemnities and reimbursements granted to the state in this Contract.

2.19.5. Workers' Compensation Coverage

The ASB will at all times comply with all applicable workers' compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. The state will not be held responsive in any way for claims filed by the ASB or their employees for services performed under the terms of this contract.

3. PROPOSAL CONTENTS

Proposals must be written in English and submitted electronically to the RFQQ Coordinator in the order noted below:

- A. Letter of Submittal, including signed Certifications and Assurances (Exhibit A to this RFQQ)
- B. Qualifications Section
- C. Quotation Section
- D. Diverse Business Inclusion Plan (Exhibit B to this RFQQ)

Proposals must provide information in the same order as presented in this document with the same headings.

Items marked “mandatory” must be included as part of the proposal for the proposal to be considered responsive: however, these items are not scored. Items marked “scored” are those that are awarded points as part of the evaluation conducted by the evaluation team.

3.1. LETTER OF SUBMITTAL (MANDATORY)

The Letter of Submittal and the attached Certifications and Assurances form (Exhibit A to this RFQQ) must be signed and dated by a person authorized to legally bind the Bidder to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Bidder and any proposed subcontractors:

- 3.1.1. Name, address, principal place of business, telephone number, and fax number/e-mail address of legal entity or individual with whom contract would be written.
- 3.1.2. Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.)
- 3.1.3. Legal status of the Bidder (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.
- 3.1.4. Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Bidder does not have a UBI number, the Bidder must state that it will become licensed in Washington within thirty (30) calendar days of being selected as the Apparent Successful Bidder.
- 3.1.5. Location of the facility from which the Bidder would operate.
- 3.1.6. Identify any state employees or former state employees employed or on the firm’s governing board as of the date of the proposal. Include their position and responsibilities within the Bidder’s organization. If following a review of this information, it is determined by HCA that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.
- 3.1.7. Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of RCW 42.56 must be clearly designated. The page must be identified and the particular exemption from disclosure upon which the Bidder is making the claim must be listed. Each page claimed to be exempt from disclosure must be clearly identified by the word “Proprietary” printed on the lower right hand corner of the page.

In your Letter of Submittal, please list which pages and sections that have been marked "Proprietary" and the particular exemption from disclosure upon which the Bidder is making the claim.

3.2. QUALIFICATIONS SECTION (SCORED AND/OR MANDATORY)

The qualifications section of the proposal must contain information that will demonstrate to the evaluation committee the Bidder's understanding of the types of services proposed, the firm's ability to accomplish them, and the ability to meet tight timeframes.

The qualifications response is to be submitted in three sections as follows: 1) Business Information; 2) Experience; and 3) Staffing. The optional fourth section would include proof of certification for minority and women-owned businesses participating on the project.

Below is a description of the services to be provided under this project:

HCA is targeting to host a series of Work Group meetings every other month, starting August 2019. The Apparently Successful Bidder (ASB) will support the Work Group to develop a minimum of three (3) reports, and will provide financial analyses of the final recommendation. Work products will be made public, including Work Group preparation materials, meeting minutes, and reports. The first two (2) outcome reports will be available for public comment. The final report will be submitted to the Legislature for comment. In coordination with HCA, the ASB will help to facilitate the public process.

The Apparently Successful Bidder (ASB) will assist HCA in hosting these sessions by providing to the Work Group:

- Iterative proposal analysis:
 - Guidance on prioritizing methods for evaluation and analysis of Work Group options and recommendations
 - Identify the near and long-term financial outcomes of the final proposal or proposals
 - Develop fiscal evaluation and analyses of Work Group options and recommendations
 - Evaluate market impacts
- Subject matter expertise:
 - Identify national trends and implications for Washington State
 - Provide examples of international universal health care systems
 - Provide information on existing health care reform efforts in Washington State and the implications on potential universal health care options
 - Potential implications related to existing market dynamics
- Facilitation expertise:
 - Identify shared goals and ideas
 - Engage Work Group members in order to obtain information
 - Manage diverse perspectives and opinions, and work toward consensus
 - Create a sense of inclusion and a culture of collaboration
 - Support informed decision making with best practices and options based on modeling outcomes

- Project management support:
 - Coordinate materials, follow-up activities and action items with HCA
 - Coordinate public comment and review of reports and proposals
 - Monitor Work Group progress and advise HCA on Work Group sessions
 - Manage reports and necessary documentation

The Bidder should provide proposals that address the above subject areas. HCA will evaluate Bidder responses based on the Bidder's ability to demonstrate and address:

- Creative proposals to manage deliverables within budget
- Recommend strategies to complete financial analysis of Work Group options and recommendation within available resources
- Provide guidance for the HCA project team and Contractor to collaboratively complete the project tasks and deliverables

3.2.1.BUSINESS INFORMATION (MANDATORY):

- 3.2.1.1. State the name of the company, address, phone number, fax number, e-mail address, legal status of entity (ownership), and year entity was established, as it now substantially exists.
- 3.2.1.2. Provide the firm's Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue.
- 3.2.1.3. Indicate how many employees are with the firm. Name the firm principles and their roles.
- 3.2.1.4. Identify any state employees or former state employees employed by the Bidder or on the Bidder's governing board as of the date of the proposal. Include their position and responsibilities within the Bidder's organization. If following a review of this information it is determined by HCA that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.
- 3.2.1.5. If the Bidder's staff or subcontractor's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held, and separation date.
- 3.2.1.6. If the Bidder has had a contract terminated for default in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Bidder's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Proposer, or (b) litigated and such litigation determined that the Proposer was in default.
- 3.2.1.7. Submit full details of the terms for default, including the other party's name, address, and phone number. Present the Bidder's position on the matter. HCA will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience. If no such termination for default has been experienced by the Bidder in the past five years, so indicate.

3.2.2.EXPERIENCE (SCORED)

Bidder responses should not exceed more than 20 pages. Bidders should respond with the specific responses, by Category, along with examples of previous related work:

3.2.2.1. Category 1: Health care policy and financial analysis

Provide a complete description of the Bidder's experience working with policy and financial analysis of health care systems for the purposes of informing and designing policy proposals. Include any and all experience related to: establishing actuarially sound evaluations and/or projections; conducting comparative evaluation and analysis of multiple options or proposals; and developing creative analytic approaches to manage within limited resources.

Provide a description of the Bidder's previous relevant experience regarding this category from within the past five (5) years. Include any examples of materials, etc. used and delivered to previous clients. Proposed deliverables must include evaluation of universal health care coverage proposal(s) with respect to the financial impact on Washington State including, but not limited to the potential impacts on the Washington State general fund and participants in the health care market in Washington State (e.g. businesses, providers, consumers, etc.).

Describe any deliverable(s) that the Bidder may submit to HCA under the proposed contract for this category.

3.2.2.2. Category 2 Subject matter expertise support

Provide a complete description of the Bidder's experience consulting on national health policy, focusing on universal health care. Include an overview of the health policy topic, the role of Bidder support, and any outcomes.

Provide a complete description of the Bidder's experience consulting on Washington State health policy, focusing on universal health care. Include an overview of the health policy topic, the role of Bidder support, and any outcomes.

Provide a complete description of the Bidder's experience consulting with health care insurance carriers, health care providers, employers, state agencies, elected officials, Tribal Governments, representative organizations, community and patient advocates, and other stakeholders in Washington State or other states. Include an overview of the health policy topic, the role of Bidder support, and any outcomes.

Provide a description of the Bidder's previous relevant experience regarding this category from within the past five (5) years. Include the biggest challenge or barrier within the Bidder's relevant experience, how the Bidder handled this obstacle and the outcome. Include any examples of materials, etc. used and delivered to previous clients.

Describe any deliverable(s) that the Bidder may submit to HCA under the proposed contract for this category.

3.2.2.3. Category 3: Facilitation support

Provide a complete description of the Bidder's approach and methodology for Work Group meetings. This should include examples and types of discussion aids, tools and techniques used for attaining consensus where possible, and management tools and techniques for participant engagement. Include a summary of the

Bidder's experience managing large stakeholder Work Groups and any tools or techniques employed.

Provide a complete description of the Bidder's approach and methodology for meeting different participant needs. The Bidder should address building consensus where possible among participants, building a collaborative environment, and achieving Work Group meeting aims.

Provide a description of the Bidder's previous relevant experience regarding this category from within the past five (5) years. Include the biggest challenge or barrier within the Bidder's relevant experience, how the Bidder handled this obstacle and the outcome. Include any examples of materials, etc. used and delivered to previous clients.

Describe any deliverable(s) that the Bidder may submit to HCA under the proposed contract for this category.

3.2.2.4. Category 4: Project management support and creative solutions

Provide a complete description of the Bidder's approach and methodology for management of the Work Group within the existing budget. The Bidder should provide a detailed timeline that identifies potential phasing of necessary work. Include a summary of potential agenda topics, key decision points, and work products. The Bidder may use supplemental attachments to provide project plans details.

Provide a complete description of the Bidder's approach and methodology for management of the public process within the existing budget. The Bidder should provide details on appropriate documentation, approaches to potentially allowing for public comment following Work Group meetings, approaches on the integration of public comment for Work Group consideration. Include a summary of any recommended documentation, tools, and/or resources to facilitate this process.

Provide a description of the Bidder's previous relevant experience regarding this category from within the past five (5) years. Include any examples of materials, etc. used and delivered to previous clients.

Describe any deliverable(s) that the Bidder may submit to HCA under the proposed contract for this category.

3.2.3. STAFFING (MANDATORY)

- 3.2.3.1. Provide a description of the proposed project team structure and internal controls to be used during the course of the project, including any subcontractors.
- 3.2.3.2. Provide the name and a resume of the person who will be the lead contact for the project. Provide names and resumes for other staff, which includes information on the individual's particular skills related to this project, education, experience, significant accomplishments and any other pertinent information.
- 3.2.3.3. List any sub-consultants you may want to include to complete your roster of services. Describe what services each would provide. Provide a complete

description of how the Bidder plans to utilize any sub-contractor, including a description of roles and responsibilities in Section 3.2 about each.

3.2.4.REFERENCE (MANDATORY)

List names, addresses, telephone numbers, fax numbers, and e-mail addresses of three business references for whom work has been accomplished and briefly describe the type of service provided for them. By submitting a proposal in response to this RFQQ, the vendor and team members grant permission to HCA to contact these references and others, who from HCA's perspective, may have pertinent information. HCA may or may not, at HCA's discretion, contact references. Do not include current HCA staff as references.

3.2.5.OMWBE CERTIFICATION (MANDATORY)

Complete Exhibit B – *Diverse Business Inclusion Plan*. Include proof of certification issued by the Washington State Office of Minority and Women's Business Enterprises if certified minority-owned firm and/or women-owned firm(s) will be participating on this project.

3.3. QUOTATIONS SECTION (SCORED)

The maximum fee for this contract must be four-hundred-eighty-five-thousand Dollars (\$485,000.00) or less to be considered responsive to this RFQQ.

The evaluation process is designed to award this procurement not necessarily to the Bidder of least cost, but rather to the Bidder whose proposal best meets the requirements of this RFQQ. However, Bidders are encouraged to submit proposals which are consistent with state government efforts to conserve state resources.

3.3.1.Identification of Costs (SCORED)

Identify all costs in U.S. dollars including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. The Bidder is to submit a fully detailed budget including staff costs and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract. Bidders are required to collect and pay Washington state sales and use taxes, as applicable.

Costs for subcontractors are to be broken out separately. Please note if any subcontractors are certified by the Office of Minority and Women's Business Enterprises.

3.3.2.Computation

The score for the cost proposal will be computed by dividing the lowest cost bid received by the Bidder's total cost. Then the resultant number will be multiplied by the maximum possible points for the cost section.

4. EVALUATION AND CONTRACT AWARD

4.1. EVALUATION PROCEDURE

Responsive proposals will be evaluated strictly in accordance with the requirements stated in this solicitation and any addenda issued. The evaluation of proposals will be accomplished by an evaluation team(s), to be designated by HCA, which will determine the ranking of the proposals. Evaluations will only be based upon information provided in the Bidder's Proposal.

All proposals received by the stated deadline, Section 2.2, *Estimated Schedule of Procurement Activities*, will be reviewed by the RFQQ Coordinator to ensure that the Proposals contain all of the required information requested in the RFQQ. Only responsive Proposals that meet the requirements will be evaluated by the evaluation team. Any Bidder who does not meet the stated qualifications or any Proposal that does not contain all of the required information will be rejected as non-responsive.

The RFQQ Coordinator may, at his or her sole discretion, contact the Bidder for clarification of any portion of the Bidder's proposal. Bidders should take every precaution to ensure that all answers are clear, complete, and directly address the specific requirement.

Responsive Proposals will be reviewed and scored by an evaluation team using a weighted scoring system, Section 4.2, *Evaluation Weighting and Scoring*. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFQQ and any addenda issued.

HCA, at its sole discretion, may elect to select the top-scoring firms as finalists for an oral presentation.

4.2. EVALUATION WEIGHTING AND SCORING

The following weighting and points will be assigned to the proposal for evaluation purposes:

Qualifications Section – 80%	80 points
Firm Experience	80 points (maximum)
<i>Category 1:</i> Health care policy and financial analysis	30 points
<i>Category 2:</i> Subject matter expertise	20 points
<i>Category 3:</i> Facilitation and project management support	15 points
<i>Category 4:</i> Creative proposals to manage deliverables within budget	15 points
Quotation Section – 20%	20 points
TOTAL	100 POINTS

HCA reserves the right to award the contract to the Bidder whose proposal is deemed to be in the best interest of HCA and the state of Washington.

4.3. SUBSTANTIALLY EQUIVALENT SCORES

Substantially equivalent scores are *scores separated by two percent or less in total points*. If multiple Proposals receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the Apparent Successful Bidder the one Proposal that is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Sections 1.1 and 1.2 of this Procurement.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with equivalent scores.

4.4. NOTIFICATION TO BIDDERS

HCA will notify the Apparent Successful Bidder of its selection in writing upon completion of the evaluation process. Individuals or firms whose proposals were not selected for further negotiation or award will be notified separately by e-mail.

4.5. DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any Bidder who has submitted a proposal and been notified it was not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFQQ Coordinator no later than 5:00 p.m., local time, in Olympia, Washington, within three business days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three (3) business days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

- 4.5.1. Evaluation and scoring of the firm's proposal;
- 4.5.2. Critique of the proposal based on the evaluation; and
- 4.5.3. Review of Bidder's final score in comparison with other final scores without identifying the other firms.

Comparisons between proposals, or evaluations of the other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

4.6. PROTEST PROCEDURE

Protests may be made only by Bidders who submitted a response to this solicitation document and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five business days to file a protest of the acquisition with the RFQQ Coordinator. Protests must be received by the RFQQ Coordinator no later than 4:30 p.m., local time, in Olympia, Washington on the fifth business day following the debriefing. Protests may be submitted by e-mail or by mail.

Bidders protesting this procurement must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Bidders under this procurement.

All protests must be in writing, addressed to the RFQQ Coordinator, and signed by the protesting party or an authorized agent. The protest must state the RFQQ number, the grounds for the protest with specific facts, and complete statements of the action(s) being protested. A description of the relief or corrective action being requested should also be included.

4.6.1. Only protests alleging an issue of fact concerning the following subjects will be considered:

- a. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
- b. Errors in computing the score; or
- c. Non-compliance with procedures described in the procurement document or agency protest process or HCA requirements.

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit if they address issues such as: 1) an evaluator's professional judgment on the quality of a proposal; or 2) HCA's assessment of its own and/or other agencies needs or requirements.

Upon receipt of a protest, a protest review will be held by HCA. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the procurement, will consider the record and all available facts. If possible, a final HCA decision will be issued within ten business days of receipt of the protest. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. If additional time is required, the protesting party will be notified of the delay.

If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA will invite such Bidder to submit its views and any relevant information on the protest to the RFQQ Coordinator. In such a situation, the protest materials submitted by each Bidder will be made available to the other Bidder upon request.

4.6.2. The final determination of the protest will:

- 4.6.2.1. Find the protest lacking in merit and uphold HCA's action; or
- 4.6.2.2. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
- 4.6.2.3. Find merit in the protest and provide options, which may include:
 - 4.6.2.3.1. Correct the errors and re-evaluate all proposals; or
 - 4.6.2.3.2. Reissue the solicitation document and begin a new process; or
 - 4.6.2.3.3. Make other findings and determine other courses of action as appropriate.

If HCA determines that the protest is without merit, HCA will enter into a contract with the Apparent Successful Bidder, assuming the parties reach agreement on the contract's terms. If the protest is determined to have merit, one of the alternatives noted in the preceding paragraph will be taken.

5. RFQQ EXHIBITS

Exhibit A	Certifications and Assurances
Exhibit B	Diverse Business Inclusion Plan
Exhibit C	Service Contract Format including General Terms and Conditions (GT&Cs)

EXHIBIT A
CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant HCA the right to contact references and other, who may have pertinent information regarding the ability of the Bidder and the lead staff person to perform the services contemplated by this RFQQ.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

We (circle one) **are** / **are not** submitting proposed Contract exceptions. (See Section 2.12, Contract and General Terms and Conditions.) If Contract exceptions are being submitted, I/we have attached them to this form.

On behalf of the Bidder submitting this proposal, my name below attests to the accuracy of the above statement. *If electronic, also include: We are submitting a scanned signature of this form with our proposal.*

Signature of Bidder

Printed Name

Title

Date

**Exhibit B
DIVERSE BUSINESS INCLUSION PLAN**

- Do you anticipate using, or is your firm, a State Certified Minority Business? Y N
- Do you anticipate using, or is your firm, a State Certified Women's Business? Y N
- Do you anticipate using, or is your firm, a State Certified Veteran Business? Y N
- Do you anticipate using, or is your firm, a Washington State Small Business? Y N

If you answered No to all of the questions above, please explain: _____

Please list the approximate percentage of work to be accomplished by each group:

Minority _____%

Women _____%

Veteran _____%

Small Business _____%

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.

Name: _____

Phone: _____

E-Mail: _____



**PROFESSIONAL SERVICES
CONTRACT for**
Universal Health Care
Work Group

HCA Contract Number: K3818
Resulting from Solicitation Number (If
applicable: RFQQ 3818
Contractor/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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CFDA NUMBER(S): 93.778	FFATA Form Required <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

HCA PROGRAM	HCA DIVISION/SECTION
HCA CONTACT NAME AND TITLE	HCA CONTACT ADDRESS Health Care Authority 626 8th Avenue SE PO Box _____ Olympia, WA 98504-_____
HCA CONTACT TELEPHONE (360) 725-	HCA CONTACT E-MAIL ADDRESS

CONTRACT START DATE August 8, 2019	CONTRACT END DATE November 15, 2020	TOTAL MAXIMUM CONTRACT AMOUNT \$485,000.00
---------------------------------------	--	---

PURPOSE OF CONTRACT:

The legislative intent stated in SB 5822. Provide a policy and financial framework for how the state could achieve universal coverage and equitable access and outcomes for all residents in the future, while concurrently evaluating efforts to ensure statewide affordable access and improvements to coverage for all residents in the preceding years through a public option and standardizing benefit plan designs. Note: the intent language was not passed by the Legislature as the remainder of the bill was incorporated into a budget proviso. HCA seeking Subject Matter Expert (SME) and Project Manager (PM) to support a Universal Health Care Work Group.

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

TABLE OF CONTENTS

Recitals	4
1. STATEMENT OF WORK (SOW)	4
2. DEFINITIONS	4
3. SPECIAL TERMS AND CONDITIONS	7
3.1 PERFORMANCE EXPECTATIONS	7
3.2 TERM	7
3.3 COMPENSATION	7
3.4 INVOICE AND PAYMENT	8
3.5 CONTRACTOR and HCA CONTRACT MANAGERS	9
3.6 LEGAL NOTICES	10
3.7 INCORPORATION OF DOCUMENTS AND ORDER OF PRECEDENCE	10
3.8 INSURANCE	11
4. GENERAL TERMS AND CONDITIONS	12
4.1 ACCESS TO DATA	12
4.2 ADVANCE PAYMENT PROHIBITED	12
4.3 AMENDMENTS	12
4.4 ASSIGNMENT	12
4.5 ATTORNEYS' FEES	13
4.6 CHANGE IN STATUS.....	13
4.7 CONFIDENTIAL INFORMATION PROTECTION	13
4.8 CONFIDENTIAL INFORMATION BREACH – REQUIRED NOTIFICATION	14
4.9 CONTRACTOR’S PROPRIETARY INFORMATION	14
4.10 COVENANT AGAINST CONTINGENT FEES	15
4.11 DEBARMENT	15
4.12 DISPUTES	15
4.13 ENTIRE AGREEMENT	16
4.14 FORCE MAJEURE	16
4.15 FUNDING WITHDRAWN, REDUCED OR LIMITED	16
4.16 GOVERNING LAW	17
4.17 HCA NETWORK SECURITY	17
4.18 INDEMNIFICATION.....	17
4.19 INDEPENDENT CAPACITY OF THE CONTRACTOR	18
4.20 INDUSTRIAL INSURANCE COVERAGE	18
4.21 LEGAL AND REGULATORY COMPLIANCE.....	18
4.22 LIMITATION OF AUTHORITY	18
4.23 NO THIRD-PARTY BENEFICIARIES	19

4.24 NONDISCRIMINATION	19
4.25 OVERPAYMENTS TO CONTRACTOR	19
4.26 PAY Equity	19
4.27 PUBLICITY	20
4.28 RECORDS AND DOCUMENTS REVIEW	20
4.29 REMEDIES NON-EXCLUSIVE	21
4.30 RIGHT OF INSPECTION.....	21
4.31 RIGHTS IN DATA/OWNERSHIP	21
4.32 RIGHTS OF STATE AND FEDERAL GOVERNMENTS	22
4.33 SEVERABILITY	22
4.34 SITE SECURITY	22
4.35 SUBCONTRACTING	23
4.36 SURVIVAL.....	23
4.37 TAXES	23
4.38 TERMINATION.....	24
4.39 TERMINATION PROCEDURES	25
4.40 WAIVER.....	26
4.41 WARRANTIES.....	26

Attachments

Attachment 1 - Confidential Information Security Requirements

Schedules

Schedule A: Contract and Statement of Work (SOW) Universal Health Care Work Group support Services

Exhibits

Exhibit A: HCA RFQQ 3818 for Universal Health Care Work Group Services

Exhibit B: [Bidder Name] Response to HCA RFQQ 3818

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

Contract #K3818 for Universal Health Care Work Group Services

Recitals

The state of Washington, acting by and through the Health Care Authority (HCA), issued a Request for Qualifications and Quotation (RFQQ) dated June 26, 2019, (Exhibit A) for the purpose of purchasing Health Care policy analysis, financial analysis, project management, and assistance to the Work Group in accordance with its authority under chapters 39.26 and 41.05 RCW.

[Contractor Name] submitted a timely Response to HCA's RFQQ #3818 (Exhibit B).

HCA evaluated all properly submitted Responses to the above-referenced RFQQ and has identified [Contractor Name] as the Apparent 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 Health Care policy analysis, financial analysis, project management, and assistance to the Work Group.

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

1. STATEMENT OF WORK (SOW)

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

2. DEFINITIONS

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

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

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

“Centers for Medicare and Medicaid Services” or **“CMS”** means the federal office under the Secretary of the United States Department of Health and Human Services, responsible for the Medicare and Medicaid programs.

“CFR” means the Code of Federal Regulations. 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>.

“Confidential Information” means 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” means this Contract document and all schedules, exhibits, attachments, incorporated documents and amendments.

“Contractor” means [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.

“Data” means information produced, furnished, acquired, or used by Contractor in meeting requirements under this Contract.

“Effective Date” means 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.

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

“Overpayment” means 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” means 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”** means 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).

“Response” means Contractor’s Response to HCA’s RFQQ 3818 for Universal Health Care Work Group Services and is Exhibit B hereto.

“RCW” means the Revised Code of Washington. 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/>.

“RFQQ” means the Request for Qualifications and Quotation used as the solicitation document to establish this Contract, including all its amendments and modifications and is Exhibit A hereto.

“Statement of Work” or **“SOW”** means 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” means 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.

“Subrecipient” has the meaning given in 45 C.F.R. 75.2, or any successor or replacement to such definition, for any federal award from HHS; or 2 C.F.R. 200.93, or any successor or replacement to such definition, for any other federal award.

“USC” means the United States Code. 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/>

“WAC” means the Washington Administrative Code. All references to WAC chapters or sections will include any successor, amended, or replacement regulation. Pertinent WACs may be accessed at: <http://app.leg.wa.gov/wac/>.

3. SPECIAL TERMS AND CONDITIONS

3.1 PERFORMANCE EXPECTATIONS

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

- 3.1.1 Knowledge of applicable state and federal laws and regulations pertaining to subject of contract;
- 3.1.2 Use of professional judgment;
- 3.1.3 Collaboration with HCA staff in Contractor's conduct of the services;
- 3.1.4 Conformance with HCA directions regarding the delivery of the services;
- 3.1.5 Timely, accurate and informed communications;
- 3.1.6 Regular completion and updating of project plans, reports, documentation and communications;
- 3.1.7 Regular, punctual attendance at all meetings; and
- 3.1.8 Provision of high quality services.

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.

3.2 TERM

- 3.2.1 The initial term of the Contract will commence on August 8, 2019, or date of last signature, whichever is later, and continue through November 15, 2020, unless terminated sooner as provided herein.
- 3.2.2 This Contract may be extended through November 15, 2021, 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.
- 3.2.3 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.

3.3 COMPENSATION

- 3.3.1 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: *Contract and Statement of Work* is **\$485,000.00**, and includes any allowable expenses.

- 3.3.2 Contractor's compensation for services rendered will be based on the following rates or in accordance with the following terms.

Contractors' compensation for services rendered will be based on the schedule set forth in Schedule A: *Contract and Statement of Work*.

- 3.3.3 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 Contract Manager 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.

- 3.3.4 Federal funds disbursed through this Contract were received by HCA through OMB Catalogue of Federal Domestic Assistance (CFDA) Number: 93.778, Medical Assistance Program. Contractor agrees to comply with applicable rules and regulations associated with these federal funds and has signed Attachment 2: *Federal Compliance, Certification and Assurances*, attached.

3.4 INVOICE AND PAYMENT

- 3.4.1 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. Include the HCA Contract number in the subject line of the email.

- 3.4.2 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.

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

3.4.3.1 HCA Contract number K3818;

3.4.3.2 Contractor name, address, phone number;

- 3.4.3.3 Description of Services;
 - 3.4.3.4 Date(s) of delivery;
 - 3.4.3.5 Net invoice price for each item;
 - 3.4.3.6 Applicable taxes;
 - 3.4.3.7 Total invoice price; and
 - 3.4.3.8 Payment terms and any available prompt payment discount.
- 3.4.4 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.
- 3.4.5 In order to receive payment for services or products provided to a state agency, Contractor must register with the Statewide Payee Desk at <https://ofm.wa.gov/it-systems/statewide-vendorpayee-services/receiving-payment-state>. 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.
- 3.4.6 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.

3.5 CONTRACTOR AND HCA CONTRACT MANAGERS

- 3.5.1 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.
- 3.5.2 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.
- 3.5.3 The contact information provided below may be changed by written notice of the change (email acceptable) to the other party.

3.5.4

CONTRACTOR Contract Manager Information		Health Care Authority Contract Manager Information	
Name:		Name:	Gary Swan
Title:		Title:	Medical Program Specialist 3
Address:		Address:	626 8 th Avenue PO Box 45502 Olympia WA 98504-5502
Phone:		Phone:	(360) 725-1250
Email:		Email:	Gary.Swan@hca.wa.gov

3.6 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.

3.6.1 In the case of notice to the Contractor:

[Contractor Contact Information]

3.6.2 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

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

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

3.7 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:

3.7.1 Applicable Federal and State of Washington statutes and regulations;

- 3.7.2 Recitals
- 3.7.3 Special Terms and Conditions;
- 3.7.4 General Terms and Conditions;
- 3.7.5 Schedule A(s): Contract and Statement(s) of Work;
- 3.7.6 Exhibit A: *HCA RFQQ #3818 for Universal Health Care Work Group Services*, dated June 26, 2019;
- 3.7.7 Exhibit B: *Contractor's Response* dated [REDACTED]; and
- 3.7.8 Any other provision, term or material incorporated herein by reference or otherwise incorporated.

3.8 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:

- 3.8.1 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.
- 3.8.2 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.
- 3.8.3 Professional Liability Errors and Omissions – Provide a policy with coverage of not less than \$1 million per claim/\$2 million general aggregate.
- 3.8.4 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.

The policy must be maintained for the term of this Agreement and three (3) years following its termination.

4. GENERAL TERMS AND CONDITIONS

4.1 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.

4.2 ADVANCE PAYMENT PROHIBITED

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

4.3 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.

4.4 ASSIGNMENT

4.4.1 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.

4.4.2 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.

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

4.5 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.

4.6 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.

4.7 CONFIDENTIAL INFORMATION PROTECTION

4.7.1 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*).

4.7.2 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).

4.7.3 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.

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

4.8 CONFIDENTIAL INFORMATION BREACH – REQUIRED NOTIFICATION

- 4.8.1 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.
- 4.8.2 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.
- 4.8.3 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:
- 4.8.3.1 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.
 - 4.8.3.2 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).
 - 4.8.3.3 Contractor will compensate HCA clients for harms caused to them by any Breach or possible Breach.
- 4.8.4 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.
- 4.8.5 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.

4.9 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.

4.10 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.

4.11 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.

4.12 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.

- 4.12.1 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.

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

- a) Be in writing;
- b) Include a written description of the dispute;
- c) State the relative positions of the parties and the remedy sought;
- d) State the Contract Number and the names and contact information for the parties;

4.12.3 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.

4.13 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*.

4.14 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.

4.15 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:

4.15.1 Terminate this Contract pursuant to Section 4.41.3, *Termination for Non-Allocation of Funds*;

4.15.2 Renegotiate the Contract under the revised funding conditions; or

4.15.3 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.

- 4.15.3.1 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.
- 4.15.3.2 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.
- 4.15.3.3 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.

4.16 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.

4.17 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.

4.18 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.

4.19 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.

4.20 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.

4.21 LEGAL AND REGULATORY COMPLIANCE

4.21.1 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.

4.21.2 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.

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

4.22 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 of any clause or condition of this Contract is not effective or binding unless made in writing and signed by the HCA Authorized Representative.

4.23 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.

4.24 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.

4.25 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*.

4.26 PAY EQUITY

- 4.26.1 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.
- 4.26.2 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.
- 4.26.3 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.

- 4.26.4 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.
- 4.26.5 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.

4.27 PUBLICITY

- 4.27.1 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.
- 4.27.2 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.

4.28 RECORDS AND DOCUMENTS REVIEW

- 4.28.1 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].
- 4.28.2 The Contractor must retain such records for a period of six (6) years after the date of final payment under this Contract.
- 4.28.3 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.

4.29 REMEDIES NON-EXCLUSIVE

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

4.30 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.

4.31 RIGHTS IN DATA/OWNERSHIP

- 4.31.1 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.
- 4.31.2 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.
- 4.31.3 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.
- 4.31.4 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.
- 4.31.5 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.

- 4.31.6 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.

4.32 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.

4.33 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.

4.34 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.

4.35 SUBCONTRACTING

- 4.35.1 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.
- 4.35.2 Contractor is responsible for ensuring that all terms, conditions, assurances and certifications set forth in this Contract are included in any subcontracts.
- 4.35.3 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.
- 4.35.4 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.
- 4.35.5 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.

4.36 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.

4.37 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.

4.38 TERMINATION

4.38.1 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."

4.38.2 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.

4.38.3 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.

4.38.4 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.

4.38.5 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.

4.39 TERMINATION PROCEDURES

4.39.1 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.

4.39.2 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.

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

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

- 4.39.3.2 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;
- 4.39.3.3 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;
- 4.39.3.4 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;
- 4.39.3.5 Transfer title to and deliver as directed by HCA any property required to be furnished to HCA;
- 4.39.3.6 Complete performance of any part of the work that was not terminated by HCA; and
- 4.39.3.7 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.

4.40 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.

4.41 WARRANTIES

- 4.41.1 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.
- 4.41.2 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.
- 4.41.3 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 Services, the definitions below apply to this Attachment.

- a. "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.
 - i. Passwords for external authentication must be a minimum of 10 characters long.
 - ii. Passwords for internal authentication must be a minimum of 8 characters long.
 - iii. Passwords used for system service or service accounts must be a minimum of 20 characters long.
- b. "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).
- c. "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.
- d. "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.
- e. "Transmitting" means the transferring of data electronically, such as via email, SFTP, webservices, AWS Snowball, etc.
- f. "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.

- g. "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.

2. Confidential Information Transmitting

- a. 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.
- b. When transmitting HCA's Confidential Information via paper documents, the Receiving Party must use a Trusted System.

3. Protection of Confidential Information

The Contractor agrees to store Confidential Information as described:

- a. Data at Rest:
 - i. 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.
 - ii. 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.
- b. 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.

4. 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.

- a. The HCA Confidential Information must be kept in one of the following ways:
 - i. on media (e.g. hard disk, optical disc, tape, etc.) which will contain only HCA Data; or
 - ii. in a logical container on electronic media, such as a partition or folder dedicated to HCA's Data; or
 - iii. in a database that will contain only HCA Data; or
 - iv. within a database and will be distinguishable from non-HCA Data by the value of a specific field or fields within database records; or
 - v. when stored as physical paper documents, physically segregated from non-HCA Data in a drawer, folder, or other container.
- b. 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.

5. 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.

6. 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>).

- a. 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

7. Objective and Scope

According to Engrossed Substitute House Bill 1109, subsection 211(57), the Health Care Authority (HCA) has been tasked by the Washington State Legislature to convene a Universal Healthcare Workgroup (Workgroup). The Workgroup's objective is to "study and make recommendations to the legislature how to create, implement, maintain, and fund a universal health care system that may include publicly funded, publicly administered, and publicly and privately delivered health care that is sustainable and affordable to all Washington residents."

HCA will be convening the Workgroup on a regular basis starting in August of 2019 and will continue through November of 2020. The Contractor will work directly with HCA and internal members to meet Workgroup needs. Through a series of meetings, the Workgroup will define the array of potential options for universal healthcare coverage in Washington State and will iteratively refine a proposal for Washington State Legislature consideration.

The HCA is seeking Contractor support for the Workgroup with (1) healthcare data processing and financial analysis, (2) project management, (3) meeting and process facilitation, and (4) universal healthcare subject matter expertise. The Workgroup will drive the agenda and ultimate decision on approach and recommendation to the Washington State Legislature. The Contractor will provide non-biased, independent support to the Workgroup in the development of a Washington State specific proposal for universal health care coverage. HCA will lead convening and will guide the Workgroup processes with the consultative support from the Contractor.

8. Tasks

HCA is targeting a series of Workgroup meetings every other month, starting the month of August 2019.

2.1 Based on Workgroup meetings, the Contractor will support the Workgroup in the development of a minimum of three (3) reports, and will provide analytic analyses of the final recommendation. The Workgroup engagement process is highly visible, all work products will be disclosed to the public, including Workgroup preparation materials, meeting minutes, and reports. The first two (2) outcome reports will be open to public comment the final report will be submitted to the Washington Legislature for comment. In coordination with HCA, the Contractor will help to facilitate a clear and transparent public process..2 HCA will determine location and timing of Workgroup meetings based on Workgroup participant needs. The Contractor will provide all necessary supplies, materials, and amenities for the Workgroup meeting. This series of Workgroup meetings will iteratively progress and refine upon viable options for universal healthcare coverage in Washington State,

and, will inform the development of subsequent reports and financial analyses. The Contractor will act in an independent advisor only, and will assist HCA in hosting these sessions by providing:

2.2.1 Iterative proposal analysis for the Workgroup by:

- a. Developing an actuarial sound evaluation of Workgroup recommendations,
- b. Identifying the near and long-term financial outcomes of the final proposal or proposals, and
- c. Evaluating of the market impacts.

2.2.2 Project management support to the Workgroup by:

- a. Coordinating materials, follow-up activities and action items with HCA,
- b. Coordinating public comment and legislative review of reports and proposals,
- c. Monitoring Workgroup progress and advising HCA on Workgroup sessions, and
- d. Managing reports and necessary documentation.

2.2.3 Facilitation expertise to the Workgroup on:

- a. Identifying shared goals and ideas,
- b. Engaging Workgroup members in order to obtain information,
- c. Managing diverse perspectives and opinions, and drive consensus in a timely manner,
- d. Creating a sense of inclusion and a culture of collaboration, and
- e. Supporting informed decision making of the Workgroup with best practices and options based on modeling outcomes.

2.2.4 Subject matter expertise to the Workgroup on:

- a. National trends and implications for Washington State,
- b. Examination and examples of international universal healthcare systems,
- c. Existing healthcare reform efforts in Washington State and the implications on potential universal healthcare options, and
- d. Advise on the context on existing market dynamics and potential implications for Workgroup consideration.

9. Reports

The below is an overview of Contractor roles and responsibilities with report to writing and delivery of reports:

Report	HCA	Contractor
Preliminary recommendations – Released for public comment November 15, 2019	<ul style="list-style-type: none"> Development of principle content based on Workgroup meetings. 	<ul style="list-style-type: none"> Provide HCA with base materials for content development; including, background materials and Workgroup meeting summaries.
Preliminary recommendations – Released for public comment May 15, 2020	<ul style="list-style-type: none"> Reviews, refines and recommends changes to the Contractor delivered report. 	<ul style="list-style-type: none"> Development of principle content based on Workgroup meetings.
Findings and recommendations – Submitted for Legislative review November 15, 2020	<ul style="list-style-type: none"> Reviews, refines and recommends changes to the Contractor delivered report. 	<ul style="list-style-type: none"> Development of principle content based on Workgroup meetings.

10. Timelines

Timelines will be adjusted based on Workgroup needs.

****Note: The draft timeline assumes carryforward approval of universal healthcare appropriations. The draft timeline may be adjusted to complete on June 30, 2020.****

Date	Milestone
2019	
July	<ul style="list-style-type: none"> Contractor onboarding Workgroup meeting planning with HCA
August	<ul style="list-style-type: none"> Host Workgroup meeting Identify healthcare data needs
September	<ul style="list-style-type: none"> Plan Workgroup meeting with HCA Collect healthcare data and develop financial analysis proposal
October	<ul style="list-style-type: none"> Host Workgroup meeting Prepare preliminary recommendation report Collect healthcare data and develop financial analysis proposal
November	<ul style="list-style-type: none"> Plan Workgroup meeting with HCA

	<ul style="list-style-type: none"> • Publish preliminary recommendation report for public comment • Collect healthcare data and develop financial analysis proposal
December	<ul style="list-style-type: none"> • Host Workgroup meeting • Consolidate public comments • Collect healthcare data and develop financial analysis proposal
2020	
January	<ul style="list-style-type: none"> • Plan Workgroup meeting with HCA • Financial evaluation of healthcare data based on Workgroup direction
February	<ul style="list-style-type: none"> • Host Workgroup meeting • Financial evaluation of evaluate healthcare data based on Workgroup direction
March	<ul style="list-style-type: none"> • Plan Workgroup meeting with HCA • Deliver preliminary financial analysis
April	<ul style="list-style-type: none"> • Host Workgroup meeting • Prepare preliminary recommendation report • Financial evaluation of evaluate healthcare data based on Workgroup direction
May	<ul style="list-style-type: none"> • Plan Workgroup meeting with HCA • Publish preliminary recommendation report for public comment • Financial evaluation of evaluate healthcare data based on Workgroup direction
June	<ul style="list-style-type: none"> • Host Workgroup meeting • Consolidate public comments • Deliver preliminary financial analysis
July	<ul style="list-style-type: none"> • Plan Workgroup meeting with HCA • Financial evaluation of evaluate healthcare data based on Workgroup direction
August	<ul style="list-style-type: none"> • Host Workgroup meeting • Financial evaluation of evaluate healthcare data based on Workgroup direction
September	<ul style="list-style-type: none"> • Plan Workgroup meeting with HCA • Deliver final financial analysis • Prepare final recommendation report
October	<ul style="list-style-type: none"> • Host Workgroup meeting • Review final recommendation report
November	<ul style="list-style-type: none"> • <i>Deliver final recommendation report to Legislature</i>

11. Deliverables

5.1 Healthcare data processing and financial analysis

The contractor will work with HCA to identify all necessary healthcare data to support the analysis of a universal healthcare proposal, and will provide and do all things necessary to support the timely evaluation, financial analysis and reporting of identified data. Deliverables include:

- a. Summary of data needs, including any request, limitations, and recommendations,
- b. An evaluation proposal for Workgroup consideration,
- c. Draft financial analyses identifying the feasibility of potential options, and
- d. Final financial analysis identifying the implication and potential outcomes of the recommended Workgroup approach.

5.2 Project management support

The Contractor will work with HCA to ensure timely Workgroup deliverables. Due to the large (est. 30-40 members) complex nature of the Workgroup, the Contractor will work with HCA to develop a management proposal that identifies roles and responsibilities, and approach.

- a. Develop a Workgroup management strategy,
- b. Regular project management meetings with HCA, and
- c. As necessary, develop a risk management and mitigation approach for HCA.

5.3 Facilitation and Subject matter expertise

The Contractor will work with HCA in the development of agendas and Workgroup materials. The Contractor is responsible for and will do all things necessary for successful Workgroup meetings, including providing meeting materials and amenities. In coordination with HCA, the Contractor will monitor and manage the public engagement process, and will notify HCA in the event of a risk or issue.

- a. Gather and consolidate public comments,
- b. Capture and consolidate Workgroup meeting minutes,
- c. Deliver final Workgroup meeting materials,
- d. Facilitate Workgroup meetings,
- e. Support HCA in the development of the November 15, 2019 preliminary recommendation report,
- f. Deliver a draft preliminary recommendation report to HCA for May 15, 2020 public comment period, and

- g. Deliver a draft final recommendation report to HCA for November 15, 2020 public comment period.

	Deliverables	Due Date	Not to Exceed Amount
5.1 Healthcare data processing and financial analysis	a. Summary of data needs, including any request, limitations, and recommendations	TBD	TBD
	b. An evaluation proposal for Workgroup consideration	TBD	TBD
	c. Draft financial analyses identifying the feasibility of potential options	TBD	TBD
	d. Final financial analysis identifying the implication and potential outcomes of the recommended Workgroup approach	TBD	TBD
5.2 Project management support	a. Develop a Workgroup management strategy	TBD	TBD
	b. Regular project management meetings with HCA	TBD	TBD
	c. As necessary, develop a risk management and mitigation approach for HCA	TBD	TBD
5.3 Facilitation and Subject matter expertise	a. Gather and consolidate public comments,	TBD	TBD
	b. Capture and consolidate Workgroup meeting minutes	TBD	TBD
	c. Deliver final Workgroup meeting materials	TBD	TBD
	d. Facilitate Workgroup meetings	TBD	TBD
	e. Support HCA in the development of the November 15, 2019 preliminary recommendation report	TBD	TBD
	f. Deliver a draft preliminary recommendation report to HCA for May 15, 2020 public comment period	TBD	TBD
	g. Deliver a draft final recommendation report to HCA for November 15, 2020 public comment period	TBD	TBD
Total			\$