

	PROFESSIONAL SERVICES CONTRACT for Orthodontic Consultation & Utilization Reviews	HCA Contract Number: K Resulting from Solicitation Number (If applicable): 2025HCA7 Contractor/Vendor Contract Number:
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THIS CONTRACT is made by and between the 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 type="checkbox"/> NO				

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

CONTRACT START DATE	CONTRACT END DATE	TOTAL MAXIMUM CONTRACT AMOUNT
PURPOSE OF CONTRACT: To provide orthodontist consulting services for utilization review and medical necessity determinations for orthodontia services as defined by Washington Administrative Code (WAC) 182-501-0165 for Apple Health/Medicaid Clients.		

The parties signing below warrant that they have read and understand this Contract and have authority to execute this Contract. This Contract will only be binding upon signature by both parties. The parties may execute this contract in multiple counterparts, each of which is deemed an original and all of which constitute only one agreement. E-mail (electronic mail) transmission of a signed copy of this contract shall be the same as delivery of an original.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

TABLE OF CONTENTS

1. Statement of Work (SOW)	4
2. Definitions	4
3. Special Terms and Conditions	10
3.1 Performance Expectations	10
3.2 Term	11
3.3 Compensation	11
3.4 Invoice and Payment	12
3.5 Contractor and HCA Contract Managers	13
3.6 Legal Notices	13
3.7 Incorporation of Documents and Order of Precedence	14
3.8 Insurance	14
4. General Terms and Conditions	16
4.1 Access to Data	16
4.2 Accessibility	16
4.3 Advance Payment Prohibited	17
4.4 Amendments	17
4.5 Assignment	17
4.6 Attorneys' Fees	17
4.7 Change in Status	18
4.8 Conflict of Interest	18
4.9 Conformance	18
4.10 Covered Information Protection	18
4.11 Contractor's Proprietary Information	19
4.12 Covenant Against Contingent Fees	19
4.13 Debarment	19
4.14 Disputes	20
4.15 Entire Agreement	20
4.16 Force Majeure	21
4.17 Funding withdrawn, Reduced, or Limited	21
4.18 Governing Law	21
4.19 HCA Network Security	22
4.20 Indemnification	22
4.21 Independent Capacity of the Contractor	22
4.22 Legal and Regulatory Compliance	22
4.23 Limitation of Authority	23
4.24 No Third-Party Beneficiaries	23

4.25 Nondiscrimination	23
4.26 Overpayments to the Contractor.....	24
4.27 Pay Equity	24
4.28 Publicity.....	25
4.29 Records and Document Review	25
4.30 Remedies Non-Exclusive	26
4.31 Right of Inspection.....	26
4.32 Rights in Data/Ownership.....	26
4.33 Severability.....	27
4.34 Site Security	27
4.35 Subcontracting	27
4.36 Survival	28
4.37 Taxes	28
4.38 Termination	28
4.39 Termination Procedures	30
4.40 Transition Obligations.....	31
4.41 Treatment of Assets	31
4.42 Waiver.....	32
4.43 Warranties.....	32
Attachment 1: HCA RFX #.....	34
Attachment 2: Contractor Response to HCA RFX #.....	35
Attachment 3: Statement of Work.....	36
Attachment 4: Performance Measures	40
Attachment 5: [Business Associate and] Data Sharing Term	Error! Bookmark not defined.

Recitals

The State of Washington, acting by and through the Health Care Authority (HCA), issued a Request for Proposals/Qualifications and Quotation (RFP or RFQQ) dated [date], (Attachment 1) for the purpose of purchasing [describe services being purchased] services in accordance with its authority under chapters 39.26 and 41.05 RCW.

[Contractor Name] submitted a timely Response to HCA's RF~~X~~ # (Attachment 2).

HCA evaluated all properly submitted Responses to the above-referenced RF~~X~~ 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.

THEREFORE, HCA awards to [Contractor Name] this Contract, the terms and conditions of which will govern Contractor's providing to HCA the [describe services being purchased - purpose of the contract] services.

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 *Attachment #3: Statement of Work*.

2. DEFINITIONS

"Adjudicate" means the process of reviewing and approving, denying, pending for more documentation, or rejecting prior authorization requests that have been submitted by an Apple Health Provider.

"Apple Health" means an umbrella term or brand name of medical assistance programs (Washington State Medicaid) administered by HCA.

"Approve" means to agree or accept a proposed prior authorization.

"Authorization Services Office" or **"ASO"** means the HCA office responsible for processing Prior Authorization requests for specific services within an established timeframe to ensure medical necessity as well as cost effectiveness in accordance with privacy and security standards of the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state standards. The ASO is committed to quality service and partnership with providers to improve clients' health and well-being.

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

“Authorized User” means an individual or individuals with an authorized business need to access HCA’s Confidential Information under this Contract.

“Business Associate” means a Business Associate as defined in 45 C.F.R. § 160.103, who performs or assists in the performance of an activity for or on behalf of HCA, a Covered Entity as defined in 45 C.F.R. 160.103, 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 Associate Agreement” or **“BAA”** means the *HIPAA Compliance* section of Attachment 4, and includes the Business Associate provisions required by the U.S. Department of Health and Human Services, Office for Civil Rights.

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

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

“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.

“Client” means an individual who is eligible for or receiving services through HCA program(s).

“Code of Federal Regulations” or **“C.F.R.”** means the. All references in this Contract to C.F.R. chapters or sections include any successor, amended, or replacement Regulation. The C.F.R. may be accessed at <http://www.eC.F.R.gov/cgi-bin/EC.F.R.?page=browse>.

“Confidential Information” means information that is exempt from Disclosure to the public or other unauthorized persons under chapter 42.56 RCW or other federal or state laws. Confidential Information comprises both Category 3 and Category 4 Data as described in Attachment 4, Section 3 *Data Classification*, which includes, but is not limited to, Personal Information and Protected Health Information. For the purposes of this Contract, Confidential Information means the same as “Data”.

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

“Contracts Administrator” means the HCA individual designated to receive legal notices and to administer, amend, or terminate this Contract.

“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.

“Covered Entity” has the same meaning as defined in 45 C.F.R. 160.103.

“Data” means information produced, furnished, acquired, or used by Contractor in meeting requirements under this Contract. Confidential Information, Personal Information, and Protected Health Information are all considered Data for the purposes of this Contract.

“Data Breach” means the acquisition, access, use, or Disclosure of Data in a manner not permitted under law or by this Contract, including but not limited to the HIPAA Privacy Rule which compromises the security or privacy of the Protected Health Information, with the exclusions and exceptions listed in 45 C.F.R. 164.402.

“Data Share Agreement” or **“DSA”** means an agreement between HCA and the Contractor that outlines which Data will be shared and how the Data can be used to prevent Data misuse, Data abuse, and unregulated Data dissemination.

“Dental Program Manager” means the HCA individual whose duty is taking a high-level view of the entire program and strategically guiding staff and auxiliary personnel to ensure they are all working effectively toward the dental program’s objective to increase access and utilization of Medicaid/Apple Health dental services.

“Deny” means refusing or not accepting the conditions of a prior authorization.

“Designated Record Set” means a group of records maintained by or for a Covered Entity as defined in 45 C.F.R. 160.103, that is: the medical and billing records about individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or used in whole or part by or for the Covered Entity to make decisions about individuals.

“Disclosure” means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

“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.

“Electronic Protected Health Information” or **“ePHI”** means Protected Health Information that is transmitted by electronic media or maintained in any medium described in the definition of electronic media at 45 C.F.R. § 160.103.

“Handicapping Labio-Lingual Deviation Index” or **“HLD”** means one of the tools used to measure medical necessity of orthodontic treatment.

“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.

“Fair Hearing” means a proceeding before an administrative law judge, HCA-employed presiding officer, or a review judge that gives a party an opportunity to be heard in disputes about medical services programs established under chapter 74.09 RCW.

“Health Insurance Portability and Accountability Act of 1996” or **“HIPAA”** means, as codified at 42 USC 1320d-8, as amended, and its attendant Regulations as promulgated by the U.S. Department of Health and Human Services (HHS), CMS, the HHS Office of the Inspector General, and the HHS Office for Civil Rights. HIPAA includes the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164.

“Individual(s)” means the person(s) who is the subject of PHI and includes a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

“Information and Communication Technology” or **“ICT”** means information technology and other equipment, systems, technologies, or processes, for which the principal function is the creation, manipulation, storage, display, receipt, or transmission of electronic Data and information, as well as any associated content. Examples include computers and peripheral equipment; information kiosks and transaction machines; telecommunications equipment; customer premises equipment; multifunction office machines; software; applications; websites; videos; and electronic documents.

“Limited Data Set(s)” means a Data set that meets the requirements of 45 C.F.R. §§ 164.514(e)(2) and 164.514(e)(3).

“Medically Necessary” means a term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness, or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the services. For the purposes of this section, “course of treatment” may include mere observation or, where appropriate, no treatment at all.

“Minimum Necessary” means the least amount of PHI necessary to accomplish the purpose for which the PHI is needed.

“National Electronic Attachments” or **“NEA”** means a clearinghouse Apple Health providers may use to submit attachments to HCA via the internet.

“Orthodontics” means treatment involving the use of any appliance, in or out of the mouth, removable or fixed, or any surgical procedure designed to redirect teeth and surrounding tissues.

“Orthodontist” means a dentist who specializes in orthodontics, who is a graduate of a postgraduate program in orthodontics that is accredited by the American Dental Association, and who meets the licensure requirements of the Department of Health.

“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.

“Peer-to-Peer” means the process by which a professional clinician reviews and resolves problems or misunderstands regarding orthodontic treatment with the requesting clinician.

“Pend” means to set a claim aside, awaiting additional information or documentation in order to Approve or Deny the request.

“Permissible Use” means only those uses authorized in this Contract and as specifically defined herein.

“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 (including or excluding zip code), telephone numbers, social security numbers, driver’s license numbers, credit card numbers, any other identifying numbers, and any financial identifiers.

“Prehearing Meeting” means an informal meeting that may be held before any prehearing conference or hearing.

“Prior Authorization” or **“PA”** means the requirement that a provider must request, on behalf of a Client and when required by rule or agency billing instructions, the agency or the agency's designee's approval to provide a health care service before the Client receives the health care service, prescribed drug, device, or drug-related supply. The agency or the agency's designee's approval is based on medical necessity. Receipt of PA does not guarantee payment. Expedited PA and limitation extension are types of PA.

“Proprietary Information” refers to any information which has commercial value and is either: (1) technical information, including patent, copyright, trade secret, and other Proprietary Information, techniques, sketches, drawings, models, inventions, know-how, processes, apparatus, equipment, algorithms, software programs, software source documents, and formulae related to the current, future, and proposed products and services; or (2) non-technical information relating to products, including without limitation pricing, margins, merchandising plans and strategies, finances, financial and accounting Data and information, suppliers, customers, customer lists, purchasing Data, sales and marketing plans, future business plans, and any other information which is proprietary and confidential. Contractor’s

Proprietary Information is information owned by Contractor to which Contractor claims a protectable interest under law.

“Protected Health Information” or “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; or past, present or future payment for provision of health care to an Individual. 45 C.F.R. 160 and 164. PHI includes demographic information that identifies the Individual or about which there is reasonable basis to believe, can be used to identify the Individual. 45 C.F.R. 160.103. PHI is information transmitted, maintained, or stored in any form or medium. 45 C.F.R. 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)..

“ProviderOne” or “P1” means the system commonly referred to as the Medicaid Management Information System (MMIS), and is the federally approved system used by the Washington Medicaid program to pay provider claims for goods and services authorized under the State Plan. The MMIS is certified by CMS and is the primary information system used by HCA to pay for health care.

“Reject” means a Prior Authorization is dismissed at line level due to incompleteness or not meeting criteria.

“Response” means Contractor’s Response to HCA’s RFx # for Services and is Attachment 2 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/>.

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

“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 Attachment 1 hereto.

“State Fiscal Year” means July 1 through June 30 of the following year, and is named for the calendar year in which it ends (e.g., July 1, 2020 through June 30, 2021 is state Fiscal Year 2021).

“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 *Attachment #3* hereto.

“Subcontract” means any separate agreement or contract between the Contractor and an individual or entity (“Subcontractor”) to perform any duties that give rise to a business requirement to access the Data that is the subject of this Contract.

“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.

“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/>.

“Utilization Review” or **“UR”** means the process where requests for a health care services are evaluated against appropriate clinical criteria or treatment guidelines (“utilization”) for such services and includes the preparation of a recommendation based on that evaluation.

“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/>.

“Witness” means any person who makes statements or gives testimony that becomes evidence in a hearing. One type of witness is an expert witness. An expert witness is qualified by knowledge, skill, experience, training, and education to give opinions or evidence in a specialized area.

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 1, 2025, and continue through June 30, 2027, unless terminated sooner as provided herein.
- 3.2.2 This Contract may be extended up to three (3) additional 1-year periods, by mutually agreed amendment. 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 parties have determined the cost of accomplishing the work herein will not exceed **\$639,000.00**, inclusive of all fees, taxes, and expenses. Compensation for satisfactory performance of the work will not exceed this amount unless the parties agree to a higher amount through an amendment.
- 3.3.2 Contractor's compensation for services rendered will be based on the following rates or in accordance with the following terms.
- 3.3.3 State Fiscal Year maximum compensation is outlined below as follows:

State Fiscal Year	Maximum Compensation
2026	To be negotiated
2027	To be negotiated

- 3.3.4 Contractor travel reimbursement, if any, is included in the total compensation. Contractor travel reimbursement is limited to 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.

3.4 INVOICE AND PAYMENT

- 3.4.1 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>.
- 3.4.2 Invoices must describe and document to the HCA Contract Manager's satisfaction a description of the work performed, the progress of the project, and fees. All invoices and deliverables will be approved by the HCA Contract Manager prior to payment. Approval will not be unreasonably withheld or delayed.
- 3.4.3 If expenses are invoiced, invoices must provide a detailed breakdown of each type. Expenses of \$50 or more must be accompanied by a receipt.
- 3.4.4 Invoices must be submitted to the HCA Dental Program Manager, (insert email), with the HCA Contract number in the subject line of the email. Invoices must include the following information, as applicable:
- A. The HCA Contract number;
 - B. Contractor name, address, phone number;
 - C. Description of services;
 - D. Date(s) of delivery;
 - E. Net invoice price for each item;
 - F. Hours worked completing Prior Authorizations;
 - G. Hours worked for attending meetings;
 - H. Hours worked for reviewing cases (If applicable);
 - I. Applicable taxes;
 - J. Total Invoice price; and
 - K. Any available prompt payment discount.
- 3.4.5 HCA will return incorrect or incomplete invoices for correction and reissue. Payment will be considered timely if made within thirty (30) calendar days of receipt of properly completed invoices.
- 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.

CONTRACTOR Contract Manager Information		HEALTH CARE AUTHORITY Contract Manager Information	
Name:		Name:	
Title:		Title:	
Address:		Address:	626 8th Avenue SE P.O. Box 42### Olympia, WA 98504-####
Phone:		Phone:	
Email:		Email:	

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, 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:

Attention: Contractor Contact Name
Contractor Legal Name
Contractor Street Address
Contractor City, State Zip+4
Contractor Email

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
contracts@hca.wa.gov

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 Attachment 4, Business Associate and Data Sharing Terms (including the Washington OCIO Security Standard 141.10)
- 3.7.3 Recitals;
- 3.7.4 Special Terms and Conditions;
- 3.7.5 General Terms and Conditions;
- 3.7.6 Attachment 3(s): Statement(s) of Work;
- 3.7.7 Attachment 1: HCA RFX #;
- 3.7.8 Attachment 2: Contractor Response to HCA RFX # ; and
- 3.7.9 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 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.

3.8.5 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 insureds 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.

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

- 3.8.7 Contractor certifies that it is self-insured, is a member of a risk pool, or maintains the types and amounts of insurance identified above and will provide certificates of insurance to that effect to HCA upon request.

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 and 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 ACCESSIBILITY

4.2.1 Requirements and Standards

Each ICT product or service furnished under this Contract shall be accessible to and usable by individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and other applicable Federal and State laws and policies, including Washington State IT Policy 188, *et seq.* For purposes of this clause, Contractor shall be considered in compliance with the ADA and other applicable Federal and State laws if it satisfies the requirements (including exceptions) specified in the Regulations implementing Section 508 of the Rehabilitation Act, including the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA Success Criteria and Conformance Requirements (2008), which are incorporated by reference, and the functional performance criteria.

4.2.2 Documentation

Contractor shall maintain and retain, subject to review by HCA, full documentation of the measures taken to ensure compliance with the applicable requirements and functional performance criteria, including records of any testing or simulations conducted.

4.2.3 Remediation

If Contractor claims that its products or services satisfy the applicable requirements and standards specified in Section 4.2.1, *Requirements and Standards*, and it is later determined by HCA that any furnished product or service is not in compliance with such requirements and standards, HCA will promptly inform Contractor in writing of noncompliance. Contractor shall, at no additional cost to HCA, repair or replace the non-compliant products or services within the period specified by HCA. If the repair or replacement is not completed within the specified time, HCA may cancel the Contract, delivery, task order, or

work order, or purchase line item without termination liabilities or have any necessary changes made or repairs performed by employees of HCA or by another contractor, and Contractor shall reimburse HCA for any expenses incurred thereby.

4.2.4 Indemnification

Contractor agrees to indemnify and hold harmless HCA from any claim arising out of failure to comply with this section.

4.3 ADVANCE PAYMENT PROHIBITED

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

4.4 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.

4.5 ASSIGNMENT

4.5.1 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 4.36, *Subcontracting*, without the prior written consent of HCA. Any permitted assignment will not operate to relieve Contractor of any of its duties and obligations hereunder, nor will such assignment affect any remedies available to HCA that may arise from any breach of the provisions of this Contract or warranties made herein, including, but not limited to, rights of setoff. Any attempted assignment, transfer or delegation in contravention of this subsection 4.5.1 of the Contract will be null and void.

4.5.2 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.

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

4.6 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.

4.7 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.

4.8 CONFLICT OF INTEREST

Contractor represents and warrants that it has not undertaken and will not undertake any work with third parties that will conflict with the work Contractor is performing for HCA under this Contract. In case of doubt, before commencing such activities, Contractor shall review areas of possible conflict with HCA and obtain HCA's written approval prior to commencing such activities.

4.9 CONFORMANCE

If any provision of this Contract is in conflict with or violates any statute or rule of law of the state of Washington, it is considered modified to conform to that statute or rule of law.

4.10 COVERED INFORMATION PROTECTION

- 4.10.1 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 HCA Proprietary Information or Confidential Information. For the purposes of this section, HCA Proprietary Information and Confidential Information are together referred to as Covered Information.
- 4.10.2 Nondisclosure and Non-Use Obligations. In the event of Disclosure of Covered Information to Contractor by HCA, Contractor agrees to: (1) hold Covered Information in strictest confidence and to take all reasonable precautions to protect such Covered Information (including, without limitation, all precautions the Contractor employs with respect to its own confidential materials); (2) not disclose any such Covered Information or any other information derived therefrom to any third party; (3) not make use of Covered Information for any purpose other than the performance of this Contract; (4) release it only to authorized employees or Subcontractors requiring such information for the purposes of carrying out this Contract; and (5) not 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.
- 4.10.3 Contractors that come into contact with PHI may be required to enter into a BAA with HCA in compliance with the requirements HIPAA, Pub. L. 104-191, as amended.

4.10.4 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.

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

4.11 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.

4.12 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.

4.13 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.

4.14 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.

4.14.1 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.

4.14.2 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; and
- D. State the Contract Number and the names and contact information for the parties.

4.14.3 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.

4.15 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 4.45, *Warranties*.

4.16 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.

4.17 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:

- 4.17.1 Terminate this Contract pursuant to Section 4.40.3, *Termination for Non-Allocation of Funds*;
- 4.17.2 Renegotiate the Contract under the revised funding conditions; or
- 4.17.3 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.
 - A. 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.
 - B. 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.
 - C. 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.

4.18 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.

4.19 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.90.040. 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.

4.20 INDEMNIFICATION

Contractor must defend, indemnify, and save HCA harmless from and against all claims, including reasonable attorneys' fees resulting from such claims and breach of confidentiality obligations as contained herein, 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.

4.21 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.

4.22 LEGAL AND REGULATORY COMPLIANCE

- 4.22.1 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.
- 4.22.2 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.
- 4.22.3 Failure to comply with any provisions of this section may result in Contract termination.

4.23 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.

4.24 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.

4.25 NONDISCRIMINATION

4.25.1 Nondiscrimination Requirement.

During the term of this Contract, Contractor, including any Subcontractor, shall not discriminate on the bases enumerated at RCW 49.60.530(3); Title VII of the Civil Rights Act, 42 U.S.C. §2000e et seq.; the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §12101 et seq., and 28 C.F.R. Part 35. In addition, Contractor, including any Subcontractor, shall give written notice of this nondiscrimination requirement to any labor organizations with which Contractor, or Subcontractor, has a collective bargaining or other agreement.

4.25.2 Obligation to Cooperate.

Contractor, including any Subcontractor, shall cooperate and comply with any Washington state agency investigation regarding any allegation that Contractor, including any Subcontractor, has engaged in discrimination prohibited by this Contract pursuant to RCW 49.60.530(3).

4.25.3 Default.

Notwithstanding any provision to the contrary, HCA may suspend Contractor, including any Subcontractor, upon notice of a failure to participate and cooperate with any state agency investigation into alleged discrimination prohibited by this Contract, pursuant to RCW 49.60.530(3). Any such suspension will remain in place until HCA receives notification that Contractor, including any Subcontractor, is cooperating with the investigating state agency. In the event Contractor, or Subcontractor, is determined to have engaged in discrimination identified at RCW 49.60.530(3), HCA may terminate this Contract in whole or in part, and Contractor, Subcontractor, or both, may be referred for debarment as provided in RCW 39.26.200. Contractor or Subcontractor may be given a reasonable time in which to cure this noncompliance, including implementing conditions consistent with any court-ordered injunctive relief or settlement agreement.

4.25.4 Remedies for Breach.

Notwithstanding any provision to the contrary, in the event of Contract termination or suspension for engaging in discrimination, Contractor, Subcontractor, or both, shall be liable for contract 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, which damages are distinct from any penalties imposed under RCW 49.60. HCA shall have the right to deduct from any monies due to Contractor or Subcontractor, or that thereafter become due, an amount for damages Contractor or Subcontractor will owe HCA for default under this provision.

4.26 OVERPAYMENTS TO THE 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 4.14, *Disputes*.

4.27 PAY EQUITY

- 4.27.1 Contractor represents and warrants that, as required by Washington state law (Engrossed Substitute Senate Bill 5187, Section 919 (2023 session), 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.
- 4.27.2 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.
- 4.27.3 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.

- 4.27.4 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.
- 4.27.5 Notwithstanding any provision to the contrary, upon breach of warranty and Contractor’s failure to provide satisfactory evidence of compliance within thirty (30) calendar days of HCA’s request for such evidence, HCA may suspend or terminate this Contract.

4.28 PUBLICITY

- 4.28.1 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.
- 4.28.2 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.

4.29 RECORDS AND DOCUMENT REVIEW

- 4.29.1 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 C.F.R. 431, Subpart Q; and 42 C.F.R. 447.202].
- 4.29.2 The Contractor must retain such records for a period of six (6) years after the date of final payment under this Contract.
- 4.29.3 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.

4.30 REMEDIES NON-EXCLUSIVE

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

4.31 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.

4.32 RIGHTS IN DATA/OWNERSHIP

- 4.32.1 HCA and Contractor agree that all Data and work products produced pursuant to this Contract (collectively “Work Product”) will be considered a “*work made for hire*” as defined under the U.S. Copyright Act of 1976 and Title 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.
- 4.32.2 If for any reason the Work Product would not be considered a “*work made 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.
- 4.32.3 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.
- 4.32.4 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.
- 4.32.5 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.

- 4.32.6 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.

4.33 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 *Covered Information Protection, Contractor's Proprietary Information, Disputes, Overpayments to Contractor, Publicity, Records and Documents Review, Rights in Data/Ownership*, and all clauses identified in *Attachment 4, [Business Associate and] Data Sharing Terms, Subsection 13, Survival*, 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 4.14, *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:
 - A. Stop work under the Contract on the date of, and to the extent specified in, the notice;
 - B. Place no further orders or Subcontracts for materials, services, or facilities except as may be necessary for completion of such portion of the work under the Contract that is not terminated;
 - C. Assign to HCA, in the manner, at the times, and to the extent directed by HCA, all the rights, title, and interest of the Contractor under the orders and Subcontracts so terminated; in which case HCA has the right, at its discretion, to settle or pay any or all claims arising out of the termination of such orders and Subcontracts;
 - D. Settle all outstanding liabilities and all claims arising out of such termination of orders and Subcontracts, with the approval or ratification of HCA to the extent HCA may require, which approval or ratification will be final for all the purposes of this clause;
 - E. Transfer title to and deliver as directed by HCA any property required to be furnished to HCA;
 - F. Complete performance of any part of the work that was not terminated by HCA; and

- G. 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 TRANSITION OBLIGATIONS

Contractor must provide for reasonable transition assistance requested by HCA to allow for the expired or terminated Contract, in whole or in part, to continue without interruption or adverse effect, and to facilitate the orderly transfer of such services to HCA or its designees. Such transition assistance will be deemed by the parties to be governed by the terms and conditions of this Contract, except for those terms or conditions that do not reasonably apply to such transition assistance.

4.41 TREATMENT OF ASSETS

4.41.1 Ownership

HCA shall retain title to all property furnished by HCA to Contractor under this Contract. Title to all property furnished by Contractor, for the cost of which the Contractor is entitled to reimbursement as a direct item of cost under this Contract, excluding intellectual property provided by Contractor, shall pass to and vest in HCA upon delivery of such property by Contractor. Title to other property, the cost of which is reimbursable to Contractor under this Contract, shall pass to and vest in HCA upon (i) issuance for use of such property in the performance of this Contract, (ii) commencement of use of such property in the performance of this Contract, or (iii) reimbursement of the cost thereof by HCA, in whole or in part, whichever occurs first.

4.41.2 Use of Property

Any property furnished to Contractor shall, unless otherwise provided herein, or approved in writing by the HCA Contract Manager, be used only for the performance of and subject to the terms of this Contract. Contractor's use of the equipment shall be subject to HCA's security, administrative, and other requirements.

4.41.3 Damage to Property

Contractor shall continuously protect and be responsible for any loss, destruction, or damage to property which results from or is caused by Contractor's acts or omissions. Contractor shall be liable to HCA for costs of repair or replacement for property or equipment that has been lost, destroyed, or damaged by Contractor or Contractor's employees, agents, or Subcontractors. Cost of replacement shall be the current market value of the property and equipment on the date of the loss as determined by HCA.

4.41.4 Notice of Damage

Upon the loss of, destruction of, or damage to any of the property, Contractor shall notify the HCA Contract Manager thereof within one (1) Business Day and shall take all reasonable steps to protect that property from further damage.

4.41.5 Surrender of Property

Contractor will ensure that the property will be returned to HCA in like condition to that in which it was furnished to Contractor, reasonable wear and tear expected. Contractor shall surrender to HCA all property upon the earlier of expiration or termination of this Contract.

4.42 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.

4.43 WARRANTIES

4.43.1 Contractor represents and warrants that its services will be of professional quality and will be rendered in accordance with prevailing professional standards and ethics. Services performed by Contractor under this Contract shall be conducted in a manner consistent with the level of care and skill standard to the industry. Contractor agrees to immediately re-perform any services that are not in compliance with this representation and warranty at no cost to HCA.

4.43.2 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.

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

4.43.4 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: HCA RFX #

RFX #, dated , including any and all amendments, is an integral part of this Contract and is incorporated herein by reference.

ATTACHMENT 2: CONTRACTOR RESPONSE TO HCA RFX #

Contractor's response to RFX #, dated , is an integral part of this Contract and is incorporated herein reference.

ATTACHMENT 3: STATEMENT OF WORK

1. BACKGROUND

- 1.1 HCA administers programs that provide health care coverage for nearly 1 in 3 Washington residents as well as community behavioral health services, supports, recovery and prevention efforts for the entire state. HCA is the state's largest health care purchaser and oversees the Medicaid program (Apple Health), Public Employees Benefits (PEB), School Employees Benefits (SEB), and the COFA Islander Health Care Program. Through these programs, HCA covers nearly 2.6 million lives.
- 1.2 In Washington State, the Medicaid program is called "Apple Health." Apple Health provides health coverage to over 2 million residents – adults and children. Although the majority of Apple Health clients are enrolled in managed care, some Clients receive services through the Medicaid fee-for-service (FFS) program, where HCA pays providers directly for each service they provide. Dental and orthodontic services are provided through the FFS program and the Contractor will conduct reviews for these services.

2. PURPOSE

- 2.1 Contractor shall perform timely, consistent high quality Utilization Review (UR) services to establish Medical Necessity and customize its review process to meet the HCA's ongoing needs for UR services.
- 2.2 Requests for review will come from the HCA's Authorization Services Office (ASO) and medical necessity determinations for orthodontia services must follow Washington Administrative Code (WAC) 182-501-0165 and WAC 182-535A for Apple Health clients.
- 2.3 HCA requires that all reviews receive a recommendation from the Contractor including documentation of the rationale for that recommendation; and in some cases, providing a case specific report, or additional reports; or amendment reports, as applicable, to substantiate those recommendations.
- 2.4 The Contractor must be able to maintain a very high level of customer service with HCA's participating providers and HCA staff and must be able to manage records consistent with best practices, federal, state and local laws, and all contract requirements.

3. OBJECTIVE AND SCOPE OF WORK

- 3.3 The Contractor must provide the services, staff, and do all things necessary for or incidental to the performance of work, as set forth below:
 - A. Contractor will attend a meeting on or around August 1, 2025. Per HCA's discretion this meeting may take place remotely via virtual meeting platform. The finalized meeting date and time will be communicated to Contractor by HCA.

- B. Contractor will provide all equipment, including computers, necessary to perform the work outlined within this Attachment 3.
 - i. Contractor may request HCA owned computer equipment for use by the Contractor and its Subcontractors to perform the work required in this Contract. HCA shall provide Contractor with HCA owned equipment for use provided that the Bidder's request is approved by the Dental Program Manager and HCA's Enterprise Technology Services.
- C. Within five (5) Business Days of receipt from HCA staff:
 - i. Review initial Client orthodontia service prior to authorization requests and supporting material, such as photographs, x-rays, case studies, and study models.
 - ii. Evaluate whether each initial Client orthodontia service prior to authorization request meets the standard for being Medically Necessary based on criteria referenced in WAC 182-535A.
 - iii. Via the Contractor's access to ProviderOne, document the clinical decision to Approve, Deny, Reject or Pend for each initial orthodontia services prior-authorization request.
 - iv. Upon notification of receipt of additional information submitted to support a Pended Prior Authorization (PA) request:
 - a. Review supporting materials such as photographs, x-rays, case studies, and study models.
 - b. Evaluate whether the supporting materials meet the standards for being Medically Necessary.
 - c. Via the Contractor's access to ProviderOne, document their clinical decision to Approve, Deny, Reject or re-Pend for additional supporting material by the Client's orthodontia provider.
 - v. Contractor will notify HCA of their recusal from any work assigned by HCA that is being handled at a facility in which Contractor has a business relationship.
- D. If necessary, and as requested by HCA, review grievances files by Clients regarding the quality of care provided by enrolled orthodontia providers:
 - i. Review each grievance and supporting material.
 - ii. Submit written recommendation to HCA staff as to the relative merit of each grievance.
- E. If necessary, and as requested by HCA, perform Peer-to-Peer contact:
 - i. Train providers regarding completion of HLD scoring index.
 - ii. Discuss complicated client submittals.
 - iii. Discuss decision making process.

- F. Post orthodontic treatment records:
 - i. Review post orthodontic treatment records and any supporting materials such as photographs, x-rays, case studies, and study models.
 - ii. Evaluate whether orthodontic services provided and paid by HCA meet the prevailing standards of care.
 - iii. Submit a written recommendation to HCA staff stating whether the orthodontic services provided and paid for by HCA met the prevailing standards of care.
- G. New orthodontic treatments, techniques, modalities, or services:
 - i. Review based upon evidence-based dental principles within the timeframe as requested by HCA staff.
 - ii. Evaluate appropriateness for Clients.
- H. Program policies, procedures, billing instructions, numbered memoranda, bulletins, proposed forms, proposed new or amended regulations, medical determination, or authorization criteria:
 - i. Review as requested by HCA against criteria and standards as provided by HCA staff.
 - ii. Submit recommendation to HCA staff.
- I. Meeting attendance is required either in person or virtual meeting platform on the following schedule:
 - i. Monthly meetings at the outset of the program will be mutually agreed upon between HCA and all Contractors; and
 - ii. At HCA's sole discretion, the meeting schedule will be altered to meeting quarterly, instead of monthly.
- J. Fair hearing attendance is required according to the following criteria:
 - i. As requested by HCA staff; and
 - ii. As Contractor's work schedule and availability permits.
- K. Communications regarding work done under this Contract must be directed to the HCA Contract Manager.
- L. Work hours and availability:
 - i. Collaborate with the HCA Dental Program Manager to develop a work schedule.
 - ii. Proactively communicate changes in work schedule to the HCA Dental Program Manager including but not limited to vacations and out of the office.

- iii. Check work email every day the Contractor is scheduled to work.
- iv. Review and manage Outlook calendar to ensure that you are attending meetings and fair hearings.
- v. Comply with HCA WAC rules and provider guidelines regarding coverage and determining medical necessity.
- M. In an effort to provide best value and high-quality services, the Contractor and HCA agree to collaborate to improve processes and reporting through the term of the Contract.
- N. Establish a profile for the Contract and any Subcontractor(s) giving access to the ProviderOne system for the purpose of reviewing PA requests and recording recommendations for clinical decisions.
- O. Orient the Contractor and any Subcontractor(s) to ProviderOne and NEA.
- P. Provide Contractor and any Subcontractor(s) with VPN access and support to accomplish tasks described within this Statement of Work.
- Q. Provide up-to-date online manuals, tutorials, and reference links.
- R. Provide collaboration workshops on an as needed basis, as determined by HCA.

4. Required Reporting

- 4.1 Contractor must submit to Dental Program Manager an accounting of the number of PA requests complete and meetings attended for that month within thirty (30) calendar days.

5. Performance Measures

- 5.1 HCA reserves the right to place penalties on Contractor's monthly invoice based on the table provided in Attachment 4, Performance Measures.

ATTACHMENT 4: PERFORMANCE MEASURES

1. Performance Measure Table

Performance Measure	Deductions	Frequency
Prior Authorization (PA)	Productivity: 5.00 – 5.99 cases completed per hour = 10% deduction 4.00 – 4.99 cases completed per hour = 20% deduction 3.00 – 3.99 cases completed per hour = 30% deduction Less than 3.00 cases completed per hour = Discuss with program to determine next steps	Calculated on a <u>Monthly Basis</u> : <ul style="list-style-type: none"> Contractor will submit the number of hours and the initial dollar amount dedicated to completing PAs. Productivity will be calculated first. This is the productivity dollar amount. Efficiency will be calculated with the productivity dollar amount. This result will be the final total PA dollar amount.
	Efficiency: 1% deduction for each DC clarification beyond 3.0% of total cases reviewed. If the total acceptable number of DC clarifications is not a whole number, the calculated number will be rounded up to the next whole number.	
Meeting Attendance	10% deduction for every unexcused absence	Per <u>Monthly Invoice</u> : <ul style="list-style-type: none"> Contractor will submit the number of hours and the initial dollar amount dedicated to attending and participating in meetings. Any unexcused absence will be deducted from the total dollar amount of meetings.
Review and Assist	N/A	Per <u>monthly invoice</u> : <ul style="list-style-type: none"> Contractor will submit the number of hours and the dollar

		amount dedicated to reviewing and assisting in cases assigned by the dental program.
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2. Performance Measures Details

- 2.1 Contractor will perform three (3) major duties:
 - A. Complete PA requests;
 - B. Attend and participate in meetings; and
 - C. Complete other activities requiring a subject matter expert (SME).
- 2.2 Contractor will invoice the agreed upon flat rate per hour for each duty. The total dollar amount for each duty will be combined to determine the total monthly reimbursement.

3. PA Requests:

- 3.1 PA requests will be assigned to the contractor by the ASO or the Dental Program Manager. Contractors are required to login to ProviderOne and NEA to Adjudicate all PA requests assigned to them.
- 3.2 PA requests must be adjudicated within five (5) business days of the assigned date.
- 3.3 Contractor shall either:
 - A. Approve the PA request if it demonstrates medical necessity;
 - B. Deny the PA request if it does not demonstrate medical necessity and to also include a lower cost alternative per EPSDT guidelines;
 - C. Reject the PA request if it demonstrates that client's conditions may meet EPA criteria; or
 - D. Pend the PA request to seek additional documentation that will help determine a final adjudication.
 - i. Should the Contractor receive the requested information, they have five (5) business days to Adjudicate the PA request.
- 3.4 Contractor shall bill hourly for activities related to PA requests. Contractor will be reimbursed for PA related activities based on two performance measures:
 - A. Productivity and
 - B. Efficiency.
- 3.5 The dental program shall calculate the final dollar amount for PAs based on data from the Contractor's productivity and Dental Contractor (DC) clarifications.
- 3.6 Productivity:
 - A. Contractor will Adjudicate at least six (6) PA requests per hour.

- B. A deduction will incur from the initial total PA dollar amount if the Contractor is unable to Adjudicate the agreed upon number of cases per hour. The following describes deductions based on production. If Contractor completes:
 - i. 5.00 - 5.99 requests per hour, 10% of the total hourly amount for PA requests will be deducted;
 - ii. 4.00 – 4.99 requests per hour, 20% of the total hourly amount for PA requests will be deducted;
 - iii. 3.00 - 3.99 requests per hour, 30% of the total hourly amount for PA requests will be deducted; or
 - iv. Less than 3.00 cases per hour, the dental program may discuss next steps with the contractor.

3.7 Efficiency:

- A. Should the Contractor commit an error in their adjudication, the ASO will alert the dental program to request a DC clarification.
- B. The dental program will review the DC clarification to determine if it requires further action.
- C. If it is determined that the DC clarification requires action, the Dental Program Manager will forward the DC clarification to the Contractor to address any concerns from ASO.
- D. The Contractor has two (2) business days to respond to the Dental Program Manager indicating they have re-reviewed the PA request to allow ASO to process the request.
- E. The Contractor is permitted up to 3.0% of total cases reviewed per month for DC clarifications without incurring financial penalties. If the total acceptable number of DC clarifications is not a whole number, the calculated number will be rounded up to the next whole number.
- F. DC clarifications incur a one (1) percent deduction for every DC clarification beyond 3.0% of total cases reviewed per month from the total PA amount billed after it has been calculated for productivity.

3.8 Example of reimbursement for productivity portion of PA requests:

- A. For the PA portion of their duties, contractor submitted their monthly invoice with the following data:
 - i. Hourly rate = \$110
 - ii. Hours completed = 48 hours
 - iii. PA requests completed = 250
 - iv. DC Clarifications = 10

- B. PA productivity dollar amount will be calculated based on data collected/received:
 - i. Initial Total Dollar Amount for PAs = Rate x Hours Completed
 - a. $\$5280 = \110×48
 - ii. Productivity = PA requests completed / Hours completed
 - iii. $5.21 \text{ PA requests per hour completed} = 700 / 48$
 - a. 5.21 results in a ten percent (10%) deduction. The deduction is used to create the PA Productivity Dollar Amount
 - (i) Deduction Dollar Amount = Deduction Percentage Amount x Initial Total PA Dollar Amount
 - a) $\$528 = 10\% \times \5280
 - (ii) PA Productivity Dollar Amount = Initial Total PA Dollar Amount - Deduction Dollar Amount
 - b) $\$4752 = \$5280 - \$528$

3.9 Example of reimbursement for efficiency portion of PA requests:

- A. Once PA productivity dollar Amount has been established, deductions from DC clarifications are then calculated to determine the final total PA dollar amount.
- B. Determine Baseline for Acceptable Number of DC Clarifies
 - i. Total Number of Cases completed x 3% = Baseline of Acceptable Number of DC Clarifies
 - ii. $250 \times 3\% = 7.5$
 - iii. Rounded up to next whole number = 8
- C. Determine the percentage amount to deduct from PA Productivity Dollar Amount
 - i. (Actual total number of DC Clarifies - Calculated Baseline) x 1%
 - ii. $(10 - 8) \times 1\% = 2\%$
- D. DC Clarifications Deduction Dollar Amount = PA Productivity Dollar Amount x Deduction Percentage Amount
 - i. $\$95.04 = \$4752 \times 2\%$
- E. Final Total Dollar Amount for PAs = PA Productivity Dollar Amount - DC Clarifications Deduction Dollar Amount
 - i. $\$4656.96 = \$4752 - \$95.04$

4. Meeting Attendance

- 4.3 Apple Health Clients may request a Fair Hearing should the requested service be denied or limited.
- 4.4 Apple Health providers may also request an appeal to an HCA decision or request a Peer-to-Peer Meeting to discuss a PA request or the program's current policy.
- 4.5 The Contractor shall be required to attend and participate in Prehearing Meetings and Fair Hearings regarding denied PA requests for dental services, as well as any HCA dental program-appointed meetings. The Contractor will serve as the Witness and subject matter expert on behalf of the HCA dental program.
- 4.6 The Contractor shall bill HCA per hour for attending and participating in the following, but not limited to:
- A. Prehearing Meetings;
 - B. Fair Hearings;
 - C. Peer-to-Peer meetings; and
 - D. Dental program appointed meetings.
- 4.7 Failure to attend a scheduled meeting without the Contractor notifying the dental program of their absence will be considered an unexcused absence. Unexcused absences will result in a deduction of ten percent (10%) for each instance from the total reimbursement of the meeting portion.
- A. Contractor must notify the dental program at least two business days prior to the meeting date if the contractor will not be able to participate or attend.
 - B. Emergencies may be considered on a case-by-case basis.
- 4.8 Example of reimbursement for the meeting attendance portion of the Contract:
- A. Contractor billed the following:
 - i. Hourly rate: \$110
 - ii. Hours attending and completing meetings: 10
 - iii. Missed appointments: 1
 - B. Total initial reimbursement amount for meetings will be calculated based on data collected/received:
 - i. Total Initial Reimbursement Amount for meetings = Hourly Rate x Hours attending and completing meetings
 - ii. $\$1100 = \110×10
 - C. Total deduction dollar amount for any unexcused absences related to any meetings are calculated.
 - i. Total Deduction Dollar Amount = Total Reimbursement Amount for Meetings x (Number of unexcused absences x 10%)

- ii. Total Deduction Dollar Amount = $\$1100 \times (1 \times 10\%)$
- iii. Total Deduction Dollar Amount = $\$1100 \times 10\%$
- iv. Total Deduction Dollar Amount = $\$110$
- D. Final total dollar amount for meetings is calculated.
 - i. Final Total Dollar Amount for Meetings = Total Initial Reimbursement Amount for Meetings - Total Deduction Dollar Amount
 - ii. Final Total Dollar Amount for Meetings = $\$1100 - \110
 - iii. Final Total Dollar Amount for Meetings = $\$990$

5. Review and Assist

- 5.3 Contractors may be assigned tasks by the HCA dental program to assist HCA's Division of Program Integrity (DPI) and the Quality Management Team (QMT) in reviewing and auditing providers' charts and claims, and grievances filed by Clients.
- 5.4 The Contractor shall bill HCA per hour for any project or assignment they have completed for DPI or QMT.