Local Government Health Insurance Board

Request for Proposals for Healthcare Consulting Services
RFP: LGHIB-2017-02

Responses to this Request for Proposals must be received on or before the date and time specified below. All Respondents must complete the following:

Company Name: ____________________________
Address: __________________________________
City St Zip: ________________________________
Phone No.: _________________________________
E-mail address: ______________________________
Federal Tax ID #: __________________________

Return by: 5:00 PM, CDT, July 10, 2017

General Instructions: Respondents must submit a response to this Request for Proposals on or before the return date and time. Pricing must remain good for 180 days. All charges related to the services must be provided in the response. **NOTE: (1) Late responses will not be considered, and (2) award(s) will be made in the best interest of the LGHIB.**

**NOTE: FAILURE TO RETURN ALL PAGES OF THIS RFP DOCUMENT MAY DISQUALIFY YOUR RESPONSE. YOU MAY ATTACH ADDITIONAL PAGES IF NECESSARY.**

The Respondent’s authorized agent must sign below. By signing this response, Respondent acknowledges that all information contained in the document is true and correct. Respondent acknowledges and represents that Respondent has read, acknowledges and accepts all requirements of this RFP. Failure to sign below will disqualify this response.

Authorized Signature __________________________ Title ___________________________ Date __________________________
Information Index

1. **Type of Solicitation:** Request for Proposals (RFP)

2. **Issuing Office:**
   Local Government Health Insurance Board
   PO Box 304900
   201 South Union Street, Suite 200
   Montgomery, AL 36130-4900

3. **Responses Requested From:** Qualified Consultants

4. **Type:** Healthcare Consulting Services

5. **Responses to RFP:** Sealed Competitive Offers

6. **Contract, if any, resulting from RFP:** Contract will incorporate RFP and Respondent’s Response, subject to the limitations described in this RFP and approval by the LGHIB.

7. **Procurement Timetable:**
   - RFP Issued: June 1, 2017
   - Questions Due: June 12, 2017
   - Answers Posted: June 23, 2017
   - Proposal Deadline: July 10, 2017 5:00 pm CDT

8. **Term:** October 1, 2017 through September 30, 2020

9. **LGHIB Contact Person for this RFP:** David C. Hilyer
   - Phone: (334) 263-8402
   - E-mail: dhilyer@lghip.org

10. **Letters of Intent to Submit a Response:** Not Applicable

11. **Evaluation of Responses:**

    | Criteria                                | Weight  |
    |-----------------------------------------|---------|
    | Experience and References:              | 40 points|
    | Technical Proposal/Scope of Work:        | 30 points|
    | Price/Cost:                             | 30 points|
    | **Total:**                              | **100 points**|
RFP Checklist

1. ___ Read the entire document. Note critical items such as: mandatory requirements; supplies/services required; submittal dates; number of copies required for submittal; licensing requirements; contract requirements (i.e., performance and/or reporting requirements).

2. ___ Note the contact person's name, address, phone numbers and e-mail address. This is the only person you are allowed to communicate with regarding the RFP.

3. ___ Take advantage of the “question and answer” period. Submit your questions to the LGHIB by the due date(s) listed in the Schedule of Events and view the answers as posted on the LGHIB’s website at www.lghip.org. All addenda issued for an RFP are posted on the LGHIB’s website and will include all questions asked and answered concerning the RFP.

4. ___ Use the forms provided, i.e., cover page, Appendix A-C.

5. ___ Check the LGHIB’s website for RFP addenda. It is the Vendor’s responsibility to check the LGHIB’s website at www.lghip.org for any addenda issued for this RFP, no further notification will be provided. Vendors must submit a signed cover sheet for each addendum issued along with your RFP response.

6. ___ Review and read the RFP document again to make sure that you have addressed all requirements. Your original response and the requested copies must be identical and complete. The copies will be used to score your response.

7. ___ Submit your response on time. Note all the dates and times listed in the Procurement Timetable and within the document, and be sure to submit all required items on time. Late proposal responses are not accepted.

8. ___ Prepare to sign and return the Contract, Business Associate Agreement and other documents to expedite the contract approval process. Failure to submit the signed contract upon request can delay the project start date, but will not affect the deliverable date.

This checklist is provided for assistance only and should not be submitted with Vendor’s Response.
Local Government Health Insurance Board
Request for Proposals
Consulting Services

Table of Contents

Information Index ........................................................................................................... ii
RFP Checklist .................................................................................................................. iii
Section 1 General Information ...................................................................................... 5
Section 2 Vendor Information ......................................................................................... 8
Section 3 Scope of Work ................................................................................................. 9
Section 4 Contract Terms and Conditions ................................................................. 13
Section 5 Instructions to Vendors ................................................................................. 20
Appendix A. Price Proposal ......................................................................................... 24
Appendix B. Proposal Certification ................................................................................ 25
Appendix C. Contract and Attachments ....................................................................... 26
Section 1 General Information

1.01 Introduction
The Local Government Health Insurance Board (LGHIB) requests proposals for the procurement of healthcare consulting services described herein.

The LGHIB is empowered by Title 11, Chapter 91A of the Code of Alabama (as amended) to provide health benefits to employees of certain counties, municipalities and other eligible local government units through the Local Government Health Insurance Plan (LGHIP). The program is overseen by a 9-member Board of Directors.

Currently, about 30,000 employees of local government units are covered. The Plan is self-insured with administrative services currently being provided by Blue Cross and Blue Shield of Alabama (BCBS).

BCBS provides comprehensive claims administrative services for the Plan. Services include providing networks with hospitals, physicians, and dental providers; providing medical services that include inpatient hospital precertification, concurrent review, case management, disease management, and outpatient certification of selected ambulatory surgical and diagnostic procedures.

In addition, Southland Benefit Solutions (Southland) administers an optional plan that includes dental and vision.

For additional information go to the LGHIB website: www.lghip.org.

1.02 Purpose
The LGHIB is seeking an experienced Vendor that can provide healthcare consulting services.

The Scope of Work is described in Section 3 of the RFP.

1.03 Terminology
Throughout this RFP, the terms “LGHIB” and “Board” shall refer to the Local Government Health Insurance Board.

Throughout this RFP, the terms Respondent, Vendor, or Contractor may be used interchangeably.

Throughout this RFP, the terms “LGHIP” and “Plan” shall refer to the Local Government Health Insurance Plan.

Other Contract Terms and Conditions are described in Section 4 of the RFP.
1.04  **Procurement Timetable**

The following timetable is anticipated:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Proposal Released</td>
<td>June 1, 2017</td>
</tr>
<tr>
<td>Last Date to Submit Written Questions</td>
<td>June 12, 2017</td>
</tr>
<tr>
<td>Answers Posted</td>
<td>June 23, 2017</td>
</tr>
<tr>
<td>Proposal Deadline</td>
<td>July 10, 2017</td>
</tr>
</tbody>
</table>

**Note:** The Board reserves the right to adjust this schedule as it deems necessary.

1.05  **Proposal Submission**

The Vendors interested in submitting a proposal should follow the “Instructions to Vendors” in Section 5 of the RFP.

1.06  **Proposal Evaluation**

A. **Initial Classification of Proposals as Responsive or Non-responsive**

All proposals will initially be classified as either “responsive” or “non-responsive.” Proposals may be found non-responsive at any time during the evaluation process or contract negotiation if any of the required information is not provided; or the proposal is not within the plans and specifications described and required in the RFP. If a proposal is found to be non-responsive, it will not be considered further.

Failure to provide the required information with the RFP response may disqualify the response from consideration for award in connection with this transaction. The LGHIB reserves the right to waive minor irregularities in an otherwise valid proposal. Minor irregularities are those that do not have a significant adverse effect on the overall project cost or performance.

B. **Opportunity for Additional Information**

The LGHIB reserves the right to contact any Vendor submitting a proposal for the purpose of clarifying issues in that Vendor’s proposal. Vendors should clearly designate in their proposal a point-of-contact for questions or issues that arise in the LGHIB’s review of a Vendor’s proposal.
C. Scoring

Scoring shall be accomplished as follows:

Scoring Weights: The score will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria.

Section I. Experience and References (40 points) - Includes organizational and personnel qualifications, required credentials, operational site(s), experience with similar projects and service populations, references, etc.

Section II. Technical Proposal/Scope of Work (30 points) - Includes understanding of the duties, challenges, and methods and policies for conducting the tasks that are outlined in this RFP and capacity for meeting the objectives.

Section III. Cost Proposal – (30 points)

D. Determination of Successful Proposal

The LGHIB will review and evaluate the proposals as described in this RFP and may select one or more qualified Respondents. The LGHIB will award a contract, if any, to serve the best interests of the LGHIB and the State of Alabama.

1.07 Single Point of Contact

From the date this RFP is released until a Vendor is selected and announced by the LGHIB, all communication must be directed to:

David C. Hilyer
General Counsel
Local Government Health Insurance Board
P.O. Box 3049000
201 South Union Street, Suite 200
Montgomery, AL 36130-4900
(334) 263-8402
dhilyer@lghip.org

All documents and updates to the RFP including, but not limited to, the actual RFP, questions and answers, addenda, etc., will be posted to the LGHIB website at www.lghip.org.
Section 2 Vendor Information

2.01 Vendor Questionnaire

The LGHIB is soliciting responses from qualified consultants to provide the services described in this RFP.

A. Provide a description of the Vendor’s organization, including:
   1. Full name or corporate name, address of the headquarters office and the office to serve the LGHIB.
   2. Date established.
   3. Ownership (public company, partnership, subsidiary, etc.). Include an organizational chart depicting the Vendor’s organization in relation to any parent, subsidiary or related organization.
   4. Number of employees and resources.
   5. The percentages and types of services the Vendor provides.
   6. The number and type of self-insured clients with over 10,000 members the Vendor has provided consulting services for in the past five years.
   7. A list of similar projects the Vendor has completed within the last five years.
   8. A list of all state government agencies for which the Vendor currently performs similar work or has performed similar work in the past.
   9. Describe the Vendor’s resources available to provide information on best practices, trends or subject matter expertise.
   10. Names and resumes of Project Directors and Partners in regard to this contract.
   11. A detailed breakdown of proposed staffing for possible projects, including names, educational background and professional experience of similar projects for all employees that may be assigned to various projects.
   12. Evidence that the Vendor is financially stable and that it has the necessary infrastructure to complete this contract as described in the Vendor’s Proposal. The Vendor must provide audited financial statements for the last three years, or similar evidence of financial stability for the last three years.
   13. Details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Vendor or any of its officers, directors, employees, agents or subcontractors of which the Vendor has knowledge, or a statement that there are none.
The LGHB reserves the right to reject a proposal solely on the basis of this information.

14. Provide a statement of any conflicts or potential conflicts of interest of the Vendor or the Vendor’s employees, who will or may provide services under the contract resulting from this RFP.

B. The Vendor must have all necessary business licenses, registrations and professional certifications at the time of the contracting to be able to do business in Alabama. Alabama law provides that a foreign corporation (an out-of-state company/firm) may not transact business in the state of Alabama until it obtains a Certificate of Authority from the Secretary of State, Section 10-2B-15.01, et seq., Code of Alabama 1975. To obtain forms for a Certificate of Authority, contact the Secretary of State, Corporations Division, (334) 242-5324, www.sos.state.al.us. The Certificate of Authority or a letter/form showing application has been made for a Certificate of Authority must be submitted with the bid.

C. Furnish three references for projects of similar size and scope, including contact name, title, telephone number, and address. Performance references should also include contract type, size, and duration of services rendered.

The LGHB reserves the right to use any information or additional references deemed necessary to establish the ability of the Vendor to perform the conditions of the contract.

**Section 3 Scope of Work**

The purpose of this RFP is to solicit competitive proposals to perform a full range of consulting services related to the design, implementation, maintenance, communication and improvement of the LGHB’s benefit programs that are currently offered, or may be offered in the future. Upon the award of this RFP, the LGHB will work with the Vendor(s) to further develop the scope of the contract.

Vendors must describe, in detail, previous experience and planned approach for each requirement in Sections 3.01 and 3.02. The ability and experience to perform these services must be carefully documented, even if the Vendor has previously provided services to the LGHB. Proposals will be evaluated based on the written information that is presented in the response.

**3.01 General Requirements**

The benefit programs currently available to employees and retirees and for which consulting services are needed include, but are not limited to: self-funded medical insurance for both active employees and retirees, dental and vision insurance for
both active employees and retirees and prescription drug plans for both active employees and retirees. Contractors must be able to perform the following tasks:

1. Perform assessments and reviews of the Local Government Health Insurance Plan;

**Please describe planned approach and experience in detail:**

2. Perform benefit alternative reviews, funding analysis, and actuarial services for the Local Government Health Insurance Plan;

**Please describe planned approach and experience in detail:**

3. Provide expertise, advice and recommendations of the LGHIB’s compliance with various federal laws and regulations as they apply to self-insured employee health benefit plans;

**Please describe planned approach and experience in detail:**

4. Provide expertise, advice and recommendations regarding the LGHIB’s programs;

**Please describe planned approach and experience in detail:**

5. Assist with program evaluations; and

**Please describe planned approach and experience in detail:**

6. Provide expertise, advice and recommendations as requested by the LGHIB.

**Please describe planned approach and experience in detail:**

### 3.02 Specific Requirements

Upon request, specific responsibilities may include, but are not limited to:

1. Providing expert advice concerning the LGHIB’s self-administered benefit programs including, but not limited to, the Local Government Health Insurance Plan (LGHIP), LGHIP Voluntary Insurance Plan, its Wellness Program and, COBRA in order to guide the LGHIB in effective, efficient and compliant administration of these programs. This includes responding to questions from and providing information to staff, and providing other consulting services during the course of the plan year for existing and proposed programs.
Please describe planned approach and experience in detail:

2. Provide expert advice concerning the Medicare Part D Retiree Drug Subsidy process and Medicare Advantage plans.

Please describe planned approach and experience in detail:

3. Reviewing, analyzing and making recommendations to premium rates and policy contracts proposed by the LGHIB and its third-party administrator to make certain that the rates and contracts, including any amendments and/or riders, are complete and accurate.

Please describe planned approach and experience in detail:

4. Providing annual review of summary plan documents and assisting in plan changes.

Please describe planned approach and experience in detail:

5. Assisting and evaluating retiree health plan options.

Please describe planned approach and experience in detail:

6. Researching and advising the LGHIB of any new developments in the law and employee benefit programs on an ongoing basis.

Please describe planned approach and experience in detail:

7. Reviewing claims experience, claim service, and claim administration to ensure maximum benefit to the LGHIB.

Please describe planned approach and experience in detail:

8. Determining and recommending the most economical funding methods for the benefit programs.

Please describe planned approach and experience in detail:

9. Representing the LGHIB in certain negotiations with providers on all issues including those related to premiums, benefit levels, plan design, and special terms and conditions.

Please describe planned approach and experience in detail:
10. Assisting in review of vendor performance to ensure contract compliance and take the lead, when requested, in certain vendor performance management.

**Please describe planned approach and experience in detail:**

11. Assisting the LGHIB with the implementation and communication of new programs or changes to existing programs.

**Please describe planned approach and experience in detail:**

12. Preparing bid specifications and soliciting proposals from third-party administrators that specialize in self-insured group insurance plans as needed. Evaluate bids and bidders, including administration, claim payment procedures, customer service, network, financial soundness, and identifying the most cost-beneficial package from the various bidders. Provide technical medical and pharmacy expertise and insight during evaluation of proposals, as requested and/or determined to be necessary.

**Please describe planned approach and experience in detail:**

13. Interfacing with third-party administrators as needed to assist the LGHIB in the resolution of problems associated with the benefit programs.

**Please describe planned approach and experience in detail:**

14. Preparing special reports and actuarial analyses on matters which are of particular interest or which, in the opinion of the LGHIB or consultant, require study and/or action.

**Please describe planned approach and experience in detail:**

15. Assist the LGHIB in the claims audit process and assist in creating an audit schedule and selection of a contracted vendor to perform such audits, if necessary.

**Please describe planned approach and experience in detail:**

16. Proactively advise the LGHIB of proposed and approved legislation relating to, but not limited to, HIPAA, COBRA and the IRS Code that impacts any employee benefits program. Make recommendations and assist the LGHIB with compliance.

**Please describe planned approach and experience in detail:**
17. Assist the LGHIB with the development and regular review of an annual strategic benefits plan by identifying strategies, goals and objectives addressing the need to provide quality, cost effective benefits to employees, retirees and dependents of member units by providing in depth analysis of the LGHIB’s claims activity on a risk adjusted basis.

Please describe planned approach and experience in detail:

18. Assist in a review of the current benefits staff workflow to identify and recommend opportunities for improved efficiency and service delivery.

Please describe planned approach and experience in detail:

19. Provide a monthly billing, with a detailed accounting of hours worked by project and area, including consulting, actuarial, technical/clerical and executive consultant.

Please describe planned approach and experience in detail:

Section 4 Contract Terms and Conditions
The successful Vendor(s) who is awarded the contract is expected to agree to the following contract terms and conditions.

4.01 General
This RFP and the Vendor’s response thereto shall be incorporated into a contract by the execution of a formal agreement. The contract shall include the following:
1. Executed contract;
2. RFP, attachments, and any amendments thereto; and
3. Contractor’s response to the RFP.

4.02 Compliance with State and Federal Regulations
The Contractor shall perform all services under the contract in accordance with applicable federal and state statutes and regulations. The LGHIB retains full operational and administrative authority and responsibility over the LGHIP, as the same may be amended from time to time.

4.03 Term of Contract
The initial contract term shall be for three years effective October 1, 2017 through September 30, 2020. The LGHIB shall have two, one-year options to extend the contract. The Vendor’s response will provide the basis for pricing for each year of
the contract, including any extensions. The parties will agree to a not to exceed amount in the contract.

The Vendor acknowledges and understands that this contract is not effective until it has received all requisite approvals and the Vendor shall not begin performing work under this contract until notified to do so by the LGHIB. The Vendor is entitled to no compensation for work performed prior to the effective date of the contract. In addition, the Vendor shall not begin work on any particular project, and is not entitled to compensation for any work performed, prior to the parties entering into a Statement of Work (SOW) outlining the tasks necessary for each individual project.

4.04 Contract Amendments
No alteration or variation of the terms of the contract shall be valid unless made in writing and duly signed by the parties thereto. The contract may be amended by written agreement duly executed by the parties. Every such amendment shall specify the date its provisions shall be effective as agreed to by the parties.

The contract shall be deemed to include all applicable provisions of the LGHIP and all state and federal laws and regulations applicable to the LGHIP, as they may be amended. In the event of any substantial change in such Plan, laws, or regulations, that materially affect the operation of the LGHIP or the costs of administering the LGHIP, either party, after written notice and before performance of any related work, may apply in writing to the other for an equitable adjustment in compensation caused by such substantial change.

4.05 Confidentiality
The Contractor shall treat all information, and in particular information relating to individuals that is obtained by or through its performance under the contract, as confidential information to the extent confidential treatment is provided under State and Federal laws. The Contractor shall not use any information so obtained in any manner except as necessary for the proper discharge of its obligations and rights under this contract.

The Contractor shall ensure safeguards that restrict the use or disclosure of information concerning individuals to purposes directly connected with the administration of the Plan.

Pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the successful Contractor shall sign and comply with the terms of a Business Associate Agreement with the LGHIB.
4.06  Security and Release of Information
The Contractor shall take all reasonable precautions to ensure the safety and security of all information, data, procedures, methods, and funds involved in the performance under the contract, and shall require the same from all employees so involved. The Contractor shall not release any data or other information relating to the LGHIP without prior written consent of the LGHIB. This provision covers both general summary data as well as detailed, specific data. The Contractor shall not be entitled to the use of LGHIB data in its other business dealings without prior written consent of the LGHIB.

4.07  Contract a Public Record
Upon the signing of the contract by all parties, the terms of the contract become available to the public pursuant to Alabama law. The Contractor agrees to allow public access to all documents, papers, letters, or other materials subject to the current Alabama law on disclosure. It is expressly understood that substantial evidence of the Contractor's refusal to comply with this provision shall constitute a material breach of contract.

4.08  Termination for Bankruptcy
The filing of a petition for voluntary or involuntary bankruptcy of a company or corporate reorganization pursuant to the Bankruptcy Act shall, at the option of the LGHIB, constitute default by the Contractor effective the date of such filing. The Contractor shall inform the LGHIB in writing of any such action(s) immediately upon occurrence by the most expeditious means possible. The LGHIB may, at its option, declare default and notify the Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from the Contractor.

4.09  Termination for Default
The LGHIB may, by written notice, terminate performance under the contract, in whole or in part, for failure of the Contractor to perform any of the contract provisions. In the event the Contractor defaults in the performance of any of the Contractor’s material duties and obligations, written notice shall be given to the Contractor specifying default. The Contractor shall have 10 calendar days, or such additional time as agreed to in writing by the LGHIB, after the mailing of such notice to cure any default. In the event the Contractor does not cure a default within 10 calendar days, or such additional time allowed by the LGHIB, the LGHIB may, at its option, notify the Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from the Contractor.
4.10 Termination for Unavailability of Funds
Performance by the LGHIB of any of its obligations under the contract is subject to and contingent upon the availability of monies lawfully applicable for such purposes. If the LGHIB, in its sole discretion, deems at any time during the term of the contract that monies lawfully applicable to this agreement shall not be available for the remainder of the term, the LGHIB shall promptly notify the Contractor to that effect, whereupon the obligations of the parties hereto shall end as of the date of the receipt of such notice and the contract shall at such time be cancelled without penalty to the LGHIB or the State of Alabama.

4.11 Termination for Convenience
The LGHIB may terminate performance of work under the Contract in whole or in part whenever, for any reason, the LGHIB, in its sole discretion determines that such termination is in the best interest of the State. In the event that the LGHIB elects to terminate the contract pursuant to this provision, it shall so notify the Contractor by certified or registered mail, return receipt requested. The termination shall be effective as of the date specified in the notice. In such event, the Contractor will be entitled only to payment for all work satisfactorily completed and for reasonable, documented costs incurred in good faith for work in progress. The Contractor will not be entitled to payment for uncompleted work, or for anticipated profit, unabsorbed overhead, or any other costs.

4.12 Force Majeure
The parties shall be excused from performance hereunder for any period in which the parties are prevented from performing any services pursuant hereto in whole or in part as a result of an act of God, war, civil disturbance, epidemic, or court order; such nonperformance shall not be a ground for termination for default.

4.13 Nondiscriminatory Compliance
Contractor represents and warrants that it will comply with the requirements of the Americans with Disabilities Act (ADA) and with all applicable federal and state laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination in employment.

4.14 Proration of Funds
In the event of proration of the funds from which payment under this contract is to be made, this contract will be subject to termination.

4.15 Employment of State Staff
The Contractor shall not knowingly engage on a full-time, part-time, or other basis during the period of the contract any professional or technical personnel, who are or have been in the employment of the LGHIB during the previous twenty-four
(24) months without the written consent of the LGHIB. Certain LGHIB employees may be subject to more stringent employment restrictions under the Alabama Code of Ethics, §36-25-1 et seq., Code of Alabama 1975.

4.16 Immigration Compliance
Contractor represents and warrants that it is in compliance with the provisions of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Ala. Code § 31-13-1, et seq., (1975)) and must execute and submit a Certificate of Compliance, attached hereto as Attachment E. Pursuant to Ala. Code §31-13-9(k), by signing any resulting contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

4.17 Novation
In the event of a change in the corporate or company ownership of the Contractor, the LGHIB shall retain the right to continue the contract with the new owner or terminate the contract. The new corporate or company entity must agree to the terms of the original contract and any amendments thereto. During the interim between legal recognition of the new entity and LGHIB execution of the novation agreement, a valid contract shall continue to exist between the LGHIB and the original Contractor. When, to the LGHIB’s satisfaction, sufficient evidence has been presented of the new owner’s ability to perform under the terms of the contract, the LGHIB may approve the new owner and a novation agreement shall be executed.

4.18 Employment Basis
It is expressly understood and agreed that the LGHIB enters into this agreement with the Contractor and any subcontractor as authorized under the provisions of this contract as an independent contractor on a purchase of service basis and not on an employer-employee basis and not subject to the Alabama State Merit System law.

4.19 Alternative Dispute Resolution
For any and all disputes arising under the terms of this contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation.
4.20 Choice of Law
The construction, interpretation, and enforcement of this contract shall be governed by the substantive contract law of the State of Alabama without regard to its conflict of law provisions. In the event any provision of this contract is unenforceable as a matter of law, the remaining provisions will remain in full force and effect.

4.21 Records Retention and Storage
The Contractor shall maintain financial records, supporting documents, statistical records, and all other records pertinent to the LGHIB Program for a period of three years from the date of the final payment made by the LGHIB to the Contractor under the contract. However, if audit, litigation, or other legal action by or on behalf of the LGHIB has begun but is not completed at the end of the three-year period, or if audit findings, litigation, or other legal action have not been resolved at the end of the three-year period, the records shall be retained until resolution.

4.22 Inspection of Records
The Contractor agrees that representatives of the LGHIB and their authorized representatives shall have the right during business hours to inspect and copy the Contractor’s books and records pertaining to contract performance and costs thereof. The Contractor shall cooperate fully with any such requests and shall furnish free of charge copies of all requested records. The Contractor may require that a receipt be given for any original record removed from the Contractor’s premises.

4.23 Payment
For all services that have been accepted by the LGHIB, Contractor will submit two copies of an invoice to the LGHIB, Attn: Dustin Craik. If by hand delivery or courier, deliver to: 201 South Union Street, Suite 200, Montgomery, AL 36104. If by U.S. Mail, deliver to P.O. Box 304900, Montgomery, AL 36130-4900. Invoices that are received by the LGHIB which are otherwise received in non-conformance with all of the requirements of this RFP or the contract will be returned unpaid or will be held by the LGHIB until proper documentation is submitted. The statement should include all of the following: A description of the services rendered, by date and amount, time summary indicating the appropriate hourly rate involved, detailed listing of expenses, and a remittance copy of the invoice. Payments are dependent upon successful completion and acceptance of described work and delivery of required documentation. All travel and out of pocket expenses must be pre-approved and related to work performed under the contract. Under no circumstances will the Contractor be compensated for off-duty hours while travelling. No payments to third parties will be made directly to any entity other than the approved firm.
4.24 Notices to Parties
Any notice to the LGHIB under the contract shall be sufficient when mailed to the Chief Executive Officer. Any notice to the Contractor shall be sufficient when mailed to the Contractor at the address given on the return receipt from this RFP or on the contract after signing. Notice shall be given by certified mail, return receipt requested.

4.25 Disclosure Statement
The successful Vendor shall be required to complete a financial disclosure statement (Attachment D) with the executed contract.

4.26 Not to Constitute a Debt of the State
Under no circumstances shall any commitments by the LGHIB constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, Constitution of Alabama of 1901, as amended by Amendment 26. It is further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this agreement shall be limited to the filing of a claim against LGHIB with the Board of Adjustment for the State of Alabama.

4.27 Open Trade
In accordance with Act 2016-312, Contractor represents and warrants that it is not currently engaged in and will not engage in the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

4.28 Waivers
No covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract shall be waived except by written agreement of the parties.

4.28 Workers Compensation
Contractor shall take out and maintain, during the life of this contract, Worker’s Compensation Insurance for all of its employees under the contract or any subcontract thereof, if required by state law.
Section 5 Instructions to Vendors

5.01 RFP Documentation
All documents and updates to the RFP including, but not limited to, the actual RFP, questions and answers, addenda, etc., will be posted to the LGHIB website at www.lghip.org.

5.02 Restrictions on Communication with Staff
From the issue date of this RFP until the selection is announced, the Vendors are not allowed to communicate concerning this RFP with any LGHIB member or employee except the Single Point of Contact identified in this RFP or as provided by existing work agreements. For violation of this provision, the LGHIB reserves the right to reject the proposal of the violator.

5.03 Acceptance of Standard Terms and Conditions
Vendor must submit a statement stating that the Vendor has an understanding of and will comply with the terms and conditions as set out in this RFP. Additions or exceptions to the standard terms and conditions are not allowed.

5.04 RFP Amendments
The LGHIB reserves the right to amend the RFP prior to the date the proposals are due to be submitted. Amendments will be posted on the LGHIB website.

5.05 Submitting Questions
Vendors with questions regarding clarification or interpretation of any section within this RFP must submit them to the LGHIB Point of Contact via email by the deadline in the Procurement Timetable in this RFP. All questions and answers will be posted on the LGHIB website.

5.06 Proposal Submission
Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to “RFP – LGHIB- 2017-02”.

All proposals must be submitted by July 10, 2017 at 5:00 P.M. Central Time. Proposals received after the 5:00 P.M. deadline will be rejected. Please note that individual exceptions to the deadline will not be made; if the Vendor relies on “overnight” delivery, this should be taken into consideration.

5.07 Vendor’s Signature
The proposal must be accompanied by the RFP Cover Sheet signed in ink by an individual authorized to legally bind the Vendor. The Vendor’s signature on a
proposal in response to this RFP guarantees that the offer has been established without collusion and without effort to preclude the State from obtaining the best possible supply or service. Proof of authority of the person signing the RFP response must be furnished upon request.

5.08 Copies Required
The Vendor must submit copies of the proposal as follows:

- three hard copies of the Vendor’s response to this RFP including a Price Proposal; and
- two electronic (PDF format) copies of the proposal:
  - one complete version of the Vendor’s response; and
  - one version that redacts any information asserted as confidential or proprietary.

5.09 Late Proposals
Regardless of cause, late proposals will not be accepted and will automatically be disqualified from further consideration. It shall be the Vendor’s sole responsibility to assure delivery to the LGHIB by the designated deadline.

5.10 Proposal Offer and Withdrawal
A proposal may not be modified, withdrawn or canceled by the Vendor for a 180-day period following the deadline for proposal submission as defined in the Procurement Timetable and the Vendor so agrees in submitting the proposal.

Prior to the proposal due date, a submitted proposal may be withdrawn by submitting to the LGHIB a written request for withdrawal which is signed by the Vendor.

5.11 Cost of Preparing Proposal
Cost for developing the proposal is solely the responsibility of the Vendor. The LGHIB will not provide reimbursement for such cost.

5.12 Right of Negotiation
Discussions, negotiations and requests for additional information regarding price and other matters may be conducted with a Vendor who submits a proposal determined to be reasonably susceptible of being selected for award, but a proposal may be accepted without such discussions.

The Board reserves the right to further clarify and/or negotiate on any matter submitted.
5.13 **Order of Precedence**
In the event of inconsistencies or contradictions between language contained in the RFP and a Vendor’s response, the language contained in the RFP will prevail. Should the LGHIB issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Vendor’s proposal in the event of an inconsistency, ambiguity, or conflict.

5.14 **LGHIB’s Rights Reserved**
While the LGHIB has every intention to award a contract as a result of this RFP, issuance of the RFP in no way constitutes a commitment by the LGHIB to award and execute a contract. Upon a determination such actions would be in its best interest, the LGHIB, in its sole discretion, reserves the right to:

- Cancel or terminate this RFP;
- Reject any or all of the proposals submitted in response to this RFP;
- Change its decision with respect to the selection and to select another proposal;
- Waive any minor irregularity in an otherwise valid proposal which would not jeopardize the overall program and to award a contract on the basis of such a waiver (minor irregularities are those which will not have a significant adverse effect on overall project cost or performance);
- Negotiate with any Vendor whose proposal is within the competitive range with respect to technical plan and cost;
- Adopt to its use all, or any part, of a Vendor’s proposal and to use any idea or all ideas presented in a proposal;
- Amend the RFP (amendments to the RFP will be made by written addendum issued by the LGHIB and will be posted on the LGHIB website);
- Select multiple Vendors;
- Release a new RFP for the same or revised services;
- Not award any contract.

5.15 **Disclosure of Proposal Contents**
Proposals and supporting documents are kept confidential until the evaluation process is complete and a Vendor has been selected. The Vendor should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure if required by law. The Vendor should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as “CONFIDENTIAL” on the bottom of the page. The Vendor must also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records law and is marked as Proprietary Information. By way of illustration but not limitation, “Proprietary Information” may include trade secrets, inventions,
mask works, ideas, processes, formulas, source and object codes, data, programs, other works of authorship, know-how, improvements, discoveries, developments, designs and techniques.

Information contained in the Price Proposal may not be marked confidential. It is the sole responsibility of the Vendor to indicate information that is to remain confidential. The LGHIB assumes no liability for the disclosure of information not identified by the Vendor as confidential. If the Vendor identifies its entire proposal as confidential, the LGHIB may deem the proposal as non-compliant and may reject it.
Appendix A. Price Proposal

The classifications below are provided for example purposes only. Vendors should provide hourly rates for the positions associated with this project. Hourly rates shall include all administrative costs.

<table>
<thead>
<tr>
<th>Employee Classification</th>
<th>Hourly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Director</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Associate</td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B. Proposal Certification

Local Government Health Insurance Board

PLEASE ENSURE THAT ALL REQUIRED SIGNATURE BLOCKS ARE COMPLETE. FAILURE TO SIGN THIS FORM WILL RENDER YOUR PROPOSAL INVALID.

Proposal

We propose to furnish and deliver the deliverables and services named in the attached Request for Proposal. It is understood and agreed that this proposal shall be valid and held open for a period of 180 days from proposal due date.

It is understood and agreed that this proposal constitutes an offer, which when accepted in writing by the Local Government Health Insurance Board, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the undersigned and the Local Government Health Insurance Board.

It is understood and agreed that we have read the RFP and that this proposal is made in accordance with the provisions of such specifications. By our written signature on this proposal, we guarantee and certify that all items included in this proposal meet or exceed any and all such LGHIB specifications. We further agree, if awarded a contract, to deliver services in accordance with the terms and conditions of the RFP.

PROPOSAL SIGNATURE AND CERTIFICATION

(Vendor must sign and return with proposal)

I certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal Law and can result in fines, prison sentences, and civil damage award. I agree to abide by all conditions of the proposal and certify that I am authorized to sign this proposal for the Vendor.

_________________________  ______________  ______________
Authorized Signature     Corporate Seal      Date
**Appendix C. Contract and Attachments**

The following documents must be signed **AFTER** contract award.

<table>
<thead>
<tr>
<th>Attachment A</th>
<th>Sample Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment B</td>
<td>Business Associate Agreement</td>
</tr>
<tr>
<td>Attachment C</td>
<td>Immigration Status</td>
</tr>
<tr>
<td>Attachment D</td>
<td>Disclosure Statement</td>
</tr>
<tr>
<td>Attachment E</td>
<td>Beason-Hammon Certificate of Compliance</td>
</tr>
<tr>
<td>Attachment F</td>
<td>Memorandum Regarding Reporting Requirements to Ethics Commission</td>
</tr>
</tbody>
</table>
CONTRACT
BETWEEN
THE LOCAL GOVERNMENT HEALTH INSURANCE BOARD
AND
Contractor’s name here

KNOW ALL MEN BY THESE PRESENTS, that the Local Government Health Insurance Board, an Agency of the State of Alabama, and __________, Contractor, agree as follows:

Contractor shall perform all of the work required under the Request for Proposal (RFP) Number _______, dated _______, strictly in accordance with the requirements thereof and Contractor’s response thereto.

Contractor shall be compensated for performance under this contract in accordance with the provisions of the RFP and the price provided on the RFP Pricing Form response, in an amount not to exceed _______.

Contractor and the Local Government Health Insurance Board agree that the initial term of the contract is ______ to ______.

This contract specifically incorporates by reference the RFP, any attachments and amendments thereto, and Contractor’s response.

Pursuant to Ala. Code §31-13-9(k), by signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

In accordance with Act 2016-312, Contractor represents and warrants that it is not currently engaged in and will not engage in the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

CONTRACTOR

LOCAL GOVERNMENT HEALTH
INSURANCE BOARD

This contract has been reviewed for and is approved as to content.

Contractor’s name here ____________________________

William Ashmore
Chief Executive Officer

Date signed ____________________________

Date signed ____________________________

Printed Name ____________________________

This contract has been reviewed for legal form and complies with all applicable laws, rules, and regulations of the State of Alabama governing these matters.

Tax ID: _____________

APPROVED: ____________________________

Legal Counsel

ATTACHMENT A
BUSINESS ASSOCIATE AGREEMENT
BETWEEN
THE LOCAL GOVERNMENT HEALTH INSURANCE BOARD
AND
________________________________

This Agreement as made and entered into this __TH day of ____________, 20__, by and between the Local Government Health Insurance Board (201 South Union Street, Suite 200, Montgomery, Alabama 36104), on behalf of the Local Government Health Insurance Plan, hereinafter collectively designated as “Covered Entities”, and ___________________________ hereinafter designated as “Business Associate”.

WHEREAS, Covered Entities and Business Associate desire and are committed to complying with all relevant federal and state law with respect to the confidentiality and security of Protected Health Information (PHI), including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996, and accompanying regulations, as amended from time to time (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH), and any regulations promulgated thereunder.

NOW, THEREFORE, for valuable consideration, the receipt of which is hereby acknowledged, and intending to establish a business associate relationship under 45 CFR §164, the parties hereby agree as follows:

I. Definitions

a. “Business Associate” shall have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean ________________.

b. “Breach” shall have the same meaning as the term “breach” set out in 45 CFR 164.402.

c. “CFR” means the Code of Federal Regulations. A reference to a CFR section means that section as amended from time to time; provided that if future amendments change the designation of a section referred to herein, or transfer a substantive regulatory provision referred to herein to a different section, the section references herein shall be deemed to be amended accordingly.

d. “Compliance Date(s)” shall mean the date(s) established by the Secretary or the United States Congress as the effective date(s) of applicability and enforceability of the Privacy Rule, Security Rule and HITECH Standards.

ATTACHMENT B
e. “Designated Record Set” shall have the same meaning as the term “designated record set” in 45 CFR §164.501 and shall include a group of records that is: (i) the enrollment, payment, claims adjudication and case or medical management record systems maintained by or for Covered Entities or (2) used, in whole or in part, by or for Covered Entities to make decisions about Individuals.

f. “Electronic Protected Health Information” (EPHI) shall have the same meaning as the term “electronic protected health information” in 45 CFR §160.103, limited to the information received from, or created on behalf of, Covered Entities by Business Associate.

g. “HITECH Standards” shall mean the privacy, security and security breach notification provisions applicable to a Business Associate under Subtitle D of the Health Information Technology for Education and Clinical Health Act, which is Title XIII of the American Recovery and Reinvestment Act of 2009, and any regulations promulgated thereunder.

h. “Individual” shall have the same meaning as the term “individual” in 45 CFR §160.103, and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).

i. “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR parts 160 and 164, subparts A and E.

j. “Protected Health Information” (PHI) shall have the same meaning as the term “protected health information” in 45 CFR §160.103, limited to the information received from, or created on behalf of, Covered Entities by Business Associate.

k. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR §164.103.

l. “Security Incident” shall have the same meanings as the term “security incident” in 45 CFR §164.304.

m. “Security Rule” shall mean the Standards for the Protection of Electronic Protected Health Information at 45 CFR parts 160 and 164, subparts A and C.

Terms used, but not otherwise defined, shall have the same meaning as those terms in the Privacy Rule, Security Rule and HITECH Standards.
II. Obligations of Business Associate

a. Business Associate agrees not to use or disclose PHI other than as permitted or required by this Agreement or as Required by Law. Business Associate will take reasonable efforts to limit requests for, use and disclosure of PHI to the minimum necessary to accomplish the intended request, use or disclosure and comply with 45 CFR 164.502(b) and 514(d).

b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement. Business Associate shall implement administrative, physical, and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity, and availability of ePHI that it creates, receives, maintains, or transmits on behalf of the Covered Entities as required by the Security Rule.

c. Business Associate agrees to report to Covered Entities any use or disclosure of PHI, other than as provided for by this Agreement, promptly after Business Associate has actual knowledge of such use or disclosure, and to report promptly to the Covered Entities all Security Incidents of which it becomes aware as determined by Business Associate except that, for purposes of this Security Incident reporting requirement, the term “Security Incident” shall not include unsuccessful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system of which it becomes aware as determined by Business Associate. Following the discovery of a breach of unsecured PHI, Business Associate shall notify Covered Entities of such breach without unreasonable delay, and in no event later than thirty (30) calendar days after such discovery. The notification will include the identification of each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired or disclosed during the breach. A breach shall be treated as discovered as of the first day on which such breach is known or reasonably should have been known to Business Associate. Any notices required to be delivered by Covered Entities hereunder shall be at the expense of the Business Associate.

d. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of this agreement or applicable regulations.
e. Business Associate agrees to ensure access to ePHI is limited to workforce members who require such access because of their role or function.

f. Business Associate agrees to implement safeguards to prevent its workforce members who are not authorized to have access to such ePHI from obtaining access and to otherwise ensure compliance by its workforce with the Security Rule.

g. Within fifteen (15) business days of receiving a request from Covered Entities, Business Associate agrees to implement restrictions on use or disclosure of PHI agreed to by the Covered Entities on behalf of an Individual in accordance with 45 CFR 164.522(a).

h. Within fifteen (15) business days of receiving a request from Covered Entities, Business Associate agrees to honor requests for alternative communications agreed to by Covered Entities on behalf of an individual in accordance with 45 CFR 164.522(b).

i. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, Business Associate agrees to ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information, including agreeing in writing to implement the same reasonable and appropriate safeguards that apply to Business Associate to protect the Covered Entities’ ePHI.

j. If Business Associate maintains PHI in a Designated Record Set, Business Associate agrees to make available to Covered Entities, within a reasonable time, such information as Covered Entities may require to fulfill Covered Entities’ obligations to respond to a request for access to PHI as provided under 45 CFR §164.524 or to respond to a request to amend PHI as required under 45 CFR §164.526. Business Associate shall refer to Covered Entities all such requests that Business Associate may receive from Individuals. If Covered Entities request Business Associate to amend PHI in Business Associate’s possession in order to comply with 45 CFR §164.526, Business Associate shall effectuate such amendments no later than the date they are required to be made by 45 CFR §164.526; provided that if Business Associate receives such a request from Covered Entities less than ten (10) business days prior to such date, Business Associate will effectuate such amendments as soon as is reasonably practicable.

ATTACHMENT B
k. If applicable, Business Associate agrees to provide to Covered Entities, within a reasonable time, such information necessary to permit Covered Entities to respond to a request by an Individual for an accounting of disclosures as provided under 45 CFR §164.528. Business Associate shall refer to Covered Entities all such requests which Business Associate may receive from individuals.

l. Upon reasonable notice, Business Associate agrees to make its internal practices, books, and records relating to the use and disclosure of PHI available to the U.S. Secretary of Health and Human Services, or an officer or employee of that Department to whom relevant authority has been delegated, at Covered Entities' expense in a reasonable time and manner, for purposes of the Secretary determining Covered Entities' compliance with the Privacy Rule.

m. Notwithstanding any other provision in this agreement, Business Associate hereby acknowledges and agrees that to the extent it is functioning as a Business Associate of Covered Entities, Business Associate will comply with the HITECH Business Associate provisions and with the obligations of a Business Associate as prescribed by HIPAA and the HITECH Act. Business Associate and the Covered Entities further agree that the provisions of HIPAA and the HITECH Act that apply to Business Associates, and that are required to be incorporated by reference in a Business Associate Agreement, are incorporated into this agreement between Business Associate and Covered Entities as if set forth in this agreement in their entirety.

III. Permitted uses and disclosures by Business Associate

Except as otherwise limited in this Agreement, Business Associate may:

a. Use or disclose PHI on behalf of the Covered Entities, if such use or disclosure of PHI would not violate the Privacy Rule, including the minimum necessary standard, if done by the Covered Entities.

b. Use or disclose PHI to perform the services outlined in any and all services agreements, or other contracts, entered into between Covered Entities and Business Associate.

c. Use PHI for the proper management and administration of Business Associate or to fulfill any present or future legal responsibilities of Business Associate.

d. Disclose PHI for the proper management and administration of Business Associate, or to fulfill any present or future legal responsibilities of Business Associate, provided
that such disclosure is either required by law or Business Associate obtains reasonable assurances from any person to whom PHI is disclosed that such person will: (i) keep such information confidential, (ii) use or further disclose such information only for the purpose for which it was disclosed to such person or as required by law, and (iii) notify Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

e. Use PHI to provide data aggregation services relating to the health care operations of the Covered Entities, as provided in 45 CFR §164.501.

f. To create de-identified data, provided that the Business Associate de-identifies the information in accordance with the Privacy Rule. De-identified information does not constitute PHI and is not subject to the terms and conditions of this Agreement.

g. Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

IV. Obligations of Covered Entities

a. Covered Entities shall notify Business Associate of any facts or circumstances that affect Business Associate’s use or disclosure of PHI. Such facts and circumstances include, but are not limited to: (i) any limitation or change in Covered Entities’ notice of privacy practices, (ii) any changes in, or withdrawal of, an authorization provided to Covered Entities by an Individual pursuant to 45 CFR §164.508; and (iii) any restriction to the use or disclosure of PHI that Covered Entities has agreed to in accordance with 45 CFR §164.522.

b. Covered Entities warrant that they will not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule or is not otherwise authorized or permitted under this Agreement.

c. Covered Entities acknowledge and agree that the Privacy Rules allow the Covered Entities to permit Business Associate to disclose or provide access to PHI, other than Summary Health Information, to the Plan Sponsor only after the Plan documents have been amended to provide for the permitted and required uses and disclosures of PHI and to require the Plan Sponsor to provide a certification to the Plan that certain required provisions have been incorporated into the Plan documents before the Plan may disclose, either directly or through a Business Associate, any PHI to the Plan Sponsor.

ATTACHMENT B
d. Covered Entities agree that they will have entered into Business Associate Agreements with any third parties to whom Covered Entities direct and authorize Business Associate to disclose PHI.

V. Effective date: termination

a. The effective date of this agreement shall be the date this agreement is signed by the parties.

b. This agreement shall terminate on the date Business Associate ceases to be obligated to perform the functions, activities, and services described in Article III Sections A and B.

c. Upon Covered Entities’ knowledge of a material breach by Business Associate of this Agreement, Covered Entities shall notify Business Associate of such breach and Business Associate shall have thirty (30) days to cure such breach. In the event Business Associate does not cure the breach, or cure is infeasible, Covered Entities shall have the right to immediately terminate this Agreement and any underlying services agreement. If cure of the material breach is infeasible, Covered Entities shall report the violation to the Secretary.

d. Upon termination of this agreement, Business Associate will return to Covered Entities, or if return is not feasible, destroy, any and all PHI that it created or received on behalf of Covered Entities and retain no copies thereof. If the return or destruction of the PHI is determined by Business Associate not to be feasible, or if Business Associate is required by law to retain such information or copies thereof, Business Associate will maintain the PHI for the period of time required under applicable law, or in accordance with Business Associate’s internal record retention schedule as in effect from time to time, whichever is longer, after which time Business Associate shall return or destroy the PHI.

e. Business Associate’s obligations under Sections II and III above shall survive the termination of this agreement with respect to any PHI so long as it remains in the possession of Business Associate.

VI. Other provisions

a. The parties acknowledge that the foregoing provisions are designed to comply with the mandates of the Privacy and Security Rules and the HITECH Standards. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and
any other applicable law. If the parties are unable to reach agreement regarding an amendment within thirty (30 days) of the date that Business Associate receives any written objection from Covered Entities, either party may terminate this Agreement upon ninety (90) days written notice to the other party. Any other amendment to the Agreement unrelated to compliance with applicable law and regulations shall be effective only upon execution of a written agreement between the parties.

b. Except as it relates to the use, security and disclosure of PHI and electronic transactions, this agreement is not intended to change the terms and conditions, or the rights and obligations, of the parties under any other services agreement between them.

c. Business Associate agrees to defend, indemnify and hold harmless Covered Entities, their affiliates and directors, officers, employees, agents or assigns from and against any and all actions, causes of action, claims, suits and demands whatsoever, and from all damages, liabilities, costs, charges, debts, fines, government investigations, proceedings, and expenses whatsoever (including reasonable attorneys’ fees and expenses related to any litigation or other defense of any claims), which may be asserted, or for which it may now or hereafter become subject, arising in connection with (i) any misrepresentation, breach of warranty or non-fulfillment of any undertaking on its part under this agreement; and (ii) any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of, or in any way connected with, Business Associate’s performance under this agreement.

d. Nothing express or implied in this agreement is intended to confer, nor shall anything herein confer, upon any person other than Covered Entities, Business Associate, and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

e. Any ambiguity in this agreement shall be resolved in favor of a meaning that permits the Covered Entities to comply with the Privacy and Security Rules and the HITECH Standards.

f. If any provision of this Agreement is held illegal, invalid, prohibited or unenforceable by a court of competent jurisdiction, that provision shall be limited or eliminated in that jurisdiction to the minimum extent necessary so that this agreement shall otherwise remain in full force and effect and enforceable.

ATTACHMENT B
g. This Agreement shall be governed by and construed in accordance with the laws of the state of Alabama to the extent not preempted by the privacy or security or other applicable federal law.

h. This Agreement replaces and supersedes in its (their) entirety any prior Business Associate Agreement(s) between the parties.

In witness whereof, this agreement has been signed and delivered as of the date first set forth above.

________________________________
Local Government Health Insurance Board

By: William L. Ashmore
As its: Chief Executive Officer

________________________________
By:
As its: ____________________________
IMMIGRATION STATUS

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

_________________________________
Signature of Contractor

_________________________________
Witness
State of Alabama
Disclosure Statement
(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Local Government Health Insurance Board

ADDRESS

201 S. Union Street Suite 200

CITY, STATE, ZIP

Montgomery, Alabama 36104

TELEPHONE NUMBER

(334) 283-8328

This form is provided with:

☐ Contract ☐ Proposal ☐ Request for Proposal ☐ Invitation to Bid ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

<table>
<thead>
<tr>
<th>STATE AGENCY/DEPARTMENT</th>
<th>TYPE OF GOODS/SERVICES</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

<table>
<thead>
<tr>
<th>STATE AGENCY/DEPARTMENT</th>
<th>DATE GRANT AWARDED</th>
<th>AMOUNT OF GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

<table>
<thead>
<tr>
<th>NAME OF PUBLIC OFFICIAL/EMPLOYEE</th>
<th>ADDRESS</th>
<th>STATE DEPARTMENT/AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

<table>
<thead>
<tr>
<th>NAME OF FAMILY MEMBER</th>
<th>ADDRESS</th>
<th>NAME OF PUBLIC OFFICIAL/PUBLIC EMPLOYEE</th>
<th>STATE DEPARTMENT/AGENCY WHERE EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

|                       |         |                                        |                                        |
|                       |         |                                        |                                        |

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

|                       |         |                                        |                                        |
|                       |         |                                        |                                        |

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

<table>
<thead>
<tr>
<th>NAME OF PAID CONSULTANT/ LOBBYIST</th>
<th>ADDRESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed $10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature: ____________________________ Date: ____________________________

Notary's Signature: ____________________________ Date: ____________________________ Date Notary Expires: ____________________________

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of $5,000.
CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: ____________

RE Contract/Grant/Incentive (describe by number or subject): ____________

(Contractor/Grantee) and the State Employee’s Insurance Board (State Agency or Department or other Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of ____________ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as “the Act”.

2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee’s business structure.

   BUSINESS ENTITY: Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. “Business entity” shall include, but not be limited to the following:
   a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
   b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

   EMPLOYER: Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or any employer, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

   (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.
   (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama.

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this ______ day of ____________ 20__

__________________________
Name of Contractor/Grantee/Recipient

By: ________________________
In: ________________________

The above Certification was signed in my presence by the person whose name appears above, on this ______ day of ____________ 20__.

__________________________
Print Name of Witness
MEMORANDUM

SUBJECT: Reporting to Ethics Commission by Persons Related to LGHIB Employees

Section 36-25-15(b) of the Code of Alabama (1975) provides that anyone who enters into a contract with a state agency for the sale of goods or services exceeding $7,500 shall report to the State Ethics Commission the names of any adult child, parent, spouse, brother or sister employed by the agency.

Please review your situation for applicability of this statute. The address of the Alabama Ethics Commission is:

100 North Union Street
RSA Union Building
Montgomery, Alabama 36104

A copy of the statute is reproduced below for your information.

Section 36-25-16. Reports by persons who are related to public officials or public employees and who represent persons before regulatory body or contract with state.

(a) When any citizen of the state or business with which he or she is associated represents for a fee any person before a regulatory body of the Executive Branch, he or she shall report to the commission the name of any adult child, parent, spouse, brother, or sister who is a public official or a public employee of that regulatory body of the Executive Branch.

(b) When any citizen of the state or business with which the person is associated enters into a contract for the sale of goods or services to the State of Alabama or any of its agencies or any county or municipality and any of their respective agencies in amounts exceeding seven thousand five hundred dollars ($7,500), he or she shall report to the commission the names of any adult child, parent, spouse, brother, or sister who is a public official or public employee of the agency or department with whom the contract is made.

(c) This section shall not apply to any contract for the sale of goods or services awarded through a process of public notice and competitive bidding.

(d) Each regulatory body of the Executive Branch, or any agency of the State of Alabama shall be responsible for notifying citizens affected by this chapter of the requirements of this section.