

**COMMONWEALTH OF VIRGINIA
STANDARD CONTRACT**

Contract Number: 10041

This contract entered into this January 9, 2018, between **LogistiCare Solution, LLC**, hereinafter called the "Contractor" and Commonwealth of Virginia, **Department of Medical Assistance Services (DMAS)**, called the "Purchasing Agency."

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the Purchasing Agency as set forth in the Contract Documents.

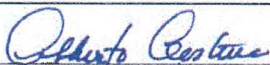
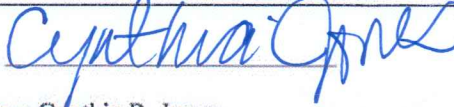
PERIOD OF PERFORMANCE: Performance begins immediately upon the signing of this contract. Prior to April 1, 2018, performance shall consist of the Contractor preparing for timely implementation, with services for the Non-Emergency Medical Transportation (NEMT) Brokerage Services as of April 1, 2018 through March 31, 2021. This contract may be renewed for up to three (3) additional periods of twelve (12) months each at the option of the Purchasing Agency.

THE CONTRACT DOCUMENTS IN PRIORITY ORDER SHALL CONSIST OF:

- (1) This signed form:
- (2) The following are incorporated by reference:
 - i. DMAS Request for Proposal 2018-01, dated September 25, 2017, as amended;
 - ii. LogistiCare Negotiations response documentation & revised cost proposal, dated December 4, 2017;
 - iii. LogistiCare Oral Presentation materials, dated November 17, 2017.
 - iv. LogistiCare response to RFP, dated October 30, 2017
 - v. Fully Executed Business Associate Agreement (BAA).

METHOD OF PAYMENT: Compensation under the contract will be paid in accordance with the RFP requirements. See **Attachment A** for associated rates.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

LogistiCare Solution, LLC	Department of Medical Assistance Services
By: <u></u>	By: <u></u>
Name: <u>ALBERT CORTINA</u>	Name: <u>Cynthia B. Jones</u>
Title: <u>CEO</u>	Title: <u>Director</u>
Date: <u>1/10/2018</u>	Date: <u>1/11/18</u>

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against a bidder or Offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

Attachment A

LogistiCare Solution, LLC
Final Negotiated Start-up/Implementation Costs

Item	Total
Total Start-up/Implementation Cost ¹	\$0

LogistiCare Solution, LLC
Final Negotiated Administrative and Direct Per Member Per Month Costs

<u>Rate Category</u>	<u>Age Group</u>	<u>PMPM Administrative Cost – Year 1</u>	<u>NEMT Service Cost for 4/1/18 – 3/31/19</u>	<u>PMPM Administrative Cost – Year 2²</u>	<u>PMPM Administrative Cost – Year 3²</u>
CL Waiver FS Waivers	All Ages	\$37.15	\$ 224.54	\$37.74	37.62
Nursing Home	All Ages	\$75.82	\$ 73.00	\$75.82	\$75.82
Other ABAD	Children Under 21	\$11.19	\$ 10.77	\$11.19	\$11.19
Other ABAD	Adults 21+	\$35.03	\$ 33.73	\$21.02	\$14.01
FFS FAMIS	Children under 21	\$0.06	\$ 0.13	\$0.06	\$0.06
TANF	Children under 21	\$0.23	\$ 0.70	\$0.23	\$0.23
TANF	Adults 21+	\$0.43	\$ 1.25	\$0.43	\$0.43
Plan First	All Ages	\$0.31	\$ 0.02	\$0.31	\$0.31

Note 1: NEMT service cost PMPM for April 1, 2018 through March 31, 2019 are actuarially determined by DMAS and will be adjusted on an annual basis.

Note 2: Service costs will be calculated annually and are unknown for Year 2 and Year 3.

Selected Optional Enhancements to be included in Contract:

NO OPTIONAL SERVICES WILL BE EXERCISED AT THIS TIME.

In the event that the Purchasing Agency elects optional enhancements at a later date and time during this Contract, the rates in the December 4, 2017 cost proposal will serve as a ceiling for the cost of such services, which must be adjusted for the duration of time such option enhancements will be deployed.



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

CYNTHIA B. JONES
DIRECTOR

SUITE 1300
600 EAST BROAD ST
RICHMOND, VA 23219

**BUSINESS ASSOCIATE AGREEMENT (BAA) to Contract # 10041
PRIVACY AND SECURITY OF PROTECTED HEALTH INFORMATION**

General Conditions

This BAA ("Agreement" or "BAA") is made as of December 15, 2017 by the Department of Medical Assistance Services ("Covered Entity"), with offices at 600 East Broad Street, Richmond, Virginia, 23219, and LogistiCare Solution, LLC. ("Business Associate"), headquartered at 1275 Peachtree St NE, 6th Floor, Atlanta, GA 30309. This is a non-exclusive agreement between the Covered Entity, which administers Medical Assistance, and the Business Associate named above.

The Covered Entity and Business Associate, as defined in 45 CFR § 160.103, have entered into this Business Associate Agreement to comply with all applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191, as amended, the current and future Privacy and Security requirements for such an Agreement, the Health Information Technology for Economic and Clinical Health (HITECH) Act, (P.L. 111-5) Section 13402, requirements for business associates regarding breach notification, as well as our duty to protect the confidentiality and integrity of Protected Health Information (PHI) required by law, Department policy, professional ethics, and accreditation requirements.

DMAS and Business Associate ("parties") shall fully comply with all current and future provisions of the Privacy and Security Rules and regulations implementing HIPAA and HITECH, as well as Medicaid requirements regarding Safeguarding Information on Applicants and Recipients of 42 CFR § 431, Subpart F, and Virginia Code § 32.1-325.3. The parties desire to facilitate the provision of or transfer of electronic PHI in agreed formats and to assure that such transactions comply with relevant laws and regulations. The parties intending to be legally bound agree as follows:

- I. Definitions. As used in this agreement, the terms below will have the following meanings:
- a. Business Associate has the meaning given such term as defined in 45 CFR §160.103.
 - b. Covered Entity has the meaning given such term as defined in 45 CFR § 160.103.
 - c. Provider: Any entity eligible to be enrolled and receive reimbursement through Covered Entity for any Medicaid-covered services.
 - d. MMIS: The Medicaid Management Information System, the computer system that is used to maintain recipient (*member*), provider, and claims data for administration of the Medicaid program.
 - e. Protected Health Information (PHI) has the meaning of individually identifiable health information as those terms are defined in 45 CFR §160.103.
 - f. Breach has the meaning as that term is defined at 45 CFR §164.402.
 - g. Required by law shall have the meaning as that term is defined at 45 CFR § 160.103.
 - h. Unsecured Protected Health Information has the meaning as that term is defined at 45 CFR § 164.402.
 - i. Transport Layer Security (TLS): A protocol (standard) that ensures privacy between communicating applications and their users on the Internet. When a server and client communicate, TLS ensures that no third party may eavesdrop or tamper with any message. TLS is the successor to the Secure Sockets Layer (SSL).

Terms used, but not otherwise defined, in this Agreement shall have the same meaning given those terms under HIPAA, the HITECH Act, and other applicable federal law.

II. Notices

- 1. Written notices regarding impermissible use or disclosure of unsecured protected health information by the Business Associate shall be sent via email or general mail to the DMAS Privacy Officer (with a copy to the DMAS contract administrator in II.2) at:

DMAS Privacy Officer, Office of Compliance and Security
Department of Medical Assistance Services
600 East Broad Street
Richmond, Virginia 23219
hipaaprivacy@dmass.virginia.gov

- 2. Other written notices to the Covered Entity should be sent via email or general mail to DMAS contract administrator at:

Contact: Willie Jefferson, or other Contract Administrator as communicated
Department of Medical Assistance Services
600 East Broad Street
Richmond, Virginia 23219
Willie.Jefferson@dmass.virginia.gov

III. Special Provisions to General Conditions

- 1. Uses and Disclosure of PHI by Business Associate. The Business Associate
 - a. May use or disclose PHI received from the Covered Entity, if necessary, to carry out its legal responsibilities and for the proper management and administration of its business.
 - b. Shall not use PHI otherwise than as expressly permitted by this Agreement, or as required by law.
 - c. Shall have a signed confidentiality agreement with all individuals of its workforce who have access to PHI.

- d. Shall not disclose PHI to any member of its workforce except to those persons who have authorized access to the information, and who have signed a confidentiality agreement.
- e. Shall ensure that any agents and subcontractors to whom it provides PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, agree in writing to all the same restrictions, terms, special provisions and general conditions in this BAA that apply to Business Associate. In addition, Business Associate shall ensure that any such subcontractor or agent agrees to implement reasonable and appropriate safeguards to protect Covered Entity's PHI. In instances where one DMAS Business Associate is required to access DMAS PHI from another DMAS Business Associate, the first DMAS Business Associate shall enter into a business associate agreement with the second DMAS Business Associate.
- f. Shall provide Covered Entity access to its facilities used for the maintenance and processing of PHI, for inspection of its internal practices, books, records, and policies and procedures relating to the use and disclosure of PHI, for purpose of determining Business Associate's compliance with this BAA.
- g. Shall make its internal practices, books, records, and policies and procedures relating to the use and disclosure of PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, available to the Secretary of Department of Health and Human Services (DHHS) or its designee and provide Covered Entity with copies of any information it has made available to DHHS under this section of this BAA.
- h. Shall not directly or indirectly receive remuneration in exchange for the provision of any of Covered Entity's PHI, except with the Covered Entity's consent and in accordance with 45 CFR 164.502.
- i. Shall make reasonable efforts in the performance of its duties on behalf of Covered Entity to use, disclose, and request only the minimum necessary PHI reasonably necessary to accomplish the intended purpose with the terms of this Agreement.
- j. Shall comply with 45 CFR 164.520 regarding Notice of privacy practices for protected health information.

2. Safeguards - Business Associate shall

- a. Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity as required by the HIPAA Security Rule, 45 CFR Parts 160, 162, and 164 and the HITECH Act.
- b. Include a description of such safeguards in the form of a Business Associate Data Security Plan.
- c. In accordance with the HIPAA Privacy Rule, the Security Rule, and the guidelines issued by the National Institute for Standards and Technology (NIST), Business Associate shall use commercially reasonable efforts to secure Covered Entity's PHI through technology safeguards that render PHI unusable, unreadable and indecipherable to individuals unauthorized to access such PHI.
- d. Business Associate shall not transmit PHI over the Internet or any other insecure or open communication channel, unless such information is encrypted or otherwise safeguarded using procedures no less stringent than described in 45 CFR 164.312(e).
- e. Business Associate shall cooperate and work with Covered Entity's contract administrator to establish TLS-connectivity to ensure an automated method of the secure exchange of email.

3. Accounting of Disclosures - Business Associate shall

- a. Maintain an ongoing log of the details relating to any disclosures of PHI outside the scope of this Agreement that it makes. The information logged shall include, but is not limited to;
 - i. the date made,
 - ii. the name of the person or organization receiving the PHI,
 - iii. the recipient's (member) address, if known,
 - iv. a description of the PHI disclosed, and the reason for the disclosure.

- b. Provide this information to the Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.
- 4. Sanctions - Business Associate shall
 - a. Implement and maintain sanctions for any employee, subcontractor, or agent who violates the requirements in this Agreement or the HIPAA privacy regulations.
 - b. As requested by Covered Entity, take steps to mitigate any harmful effect of any such violation of this agreement.
- 5. Business Associate also agrees to all of the following:
 - a. In the event of any impermissible use or disclosure of PHI or breach of unsecured PHI made in violation of this Agreement or any other applicable law, the Business Associate shall notify the DMAS Privacy Officer
 - i. On the first day on which such breach is known or reasonably should be known by Business Associate or an employee, officer or agent of Business Associate other than the person committing the breach, and
 - ii. Written notification to DMAS Privacy Officer shall include the identification of each individual whose unsecured PHI has been, or is reasonably believed by the Contractor to have been, accessed, acquired, used or disclosed during the breach. Business Associate shall confer with DMAS prior to providing any notifications to the public or to the Secretary of HHS.
 - b. Breach Notification requirements.
 - i. In addition to requirements in 5.a above, in the event of a breach or other impermissible use or disclosure by Business Associate of PHI or unsecured PHI, the Business Associate shall be required to notify in writing all affected individuals to include,
 - a) a brief description of what happened, including the date of the breach and the date the Business Associate discovered the breach;
 - b) a description of the types of unsecured PHI that were involved in the breach;
 - c) any steps the individuals should take to protect themselves from potential harm resulting from the breach;
 - d) a brief description of what Business Associate is doing to investigate the breach, mitigate harm to individuals, and protect against any future breaches, and, if necessary,
 - e) Establishing and staffing a toll-free telephone line to respond to questions.
 - ii. Business Associate shall be responsible for all costs associated with breach notifications requirements in 5b, above.
 - iii. Written notices to all individuals and entities shall comply with 45 CFR 164.404(c)(2), 164.404(d)(1), 164.406, 164.408 and 164.412.
- 6. Amendment and Access to PHI - Business Associate shall
 - a. Make an individual's PHI available to Covered Entity within ten (10) days of an individual's request for such information as notified by Covered Entity.
 - b. Make PHI available for amendment and correction and shall incorporate any amendments or corrections to PHI within ten (10) days of notification by Covered Entity per 45 CFR 164.526.
 - c. Provide access to PHI contained in a designated record set to the Covered Entity, in the time and manner designated by the Covered Entity, or at the request of the Covered Entity, to an individual in order to meet the requirements of 45 CFR 164.524.
- 7. Termination

- a. Covered Entity may immediately terminate this agreement if Covered Entity determines that Business Associate has violated a material term of the Agreement.
- b. This Agreement shall remain in effect unless terminated for cause by Covered Entity with immediate effect, or until terminated by either party with not less than thirty (30) days prior written notice to the other party, which notice shall specify the effective date of the termination; provided, however, that any termination shall not affect the respective obligations or rights of the parties arising under any Documents or otherwise under this Agreement before the effective date of termination.
- c. Within thirty (30) days of expiration or earlier termination of this agreement, Business Associate shall return or destroy all PHI received from Covered Entity (or created or received by Business Associate on behalf of Covered Entity) that Business Associate still maintains in any form and retain no copies of such PHI.
- d. Business Associate shall provide a written certification that all such PHI has been returned or destroyed, whichever is deemed appropriate by the Covered Entity. If such return or destruction is infeasible, Business Associate shall use such PHI only for purposes that make such return or destruction infeasible and the provisions of this agreement shall survive with respect to such PHI.

8. Amendment

- a. Upon the enactment of any law or regulation affecting the use or disclosure of PHI, or the publication of any decision of a court of the United States or of this state relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, Covered Entity may, by written notice to the Business Associate, amend this Agreement in such manner as Covered Entity determines necessary to comply with such law or regulation.
- b. If Business Associate disagrees with any such amendment, it shall so notify Covered Entity in writing within thirty (30) days of Covered Entity's notice. If the parties are unable to agree on an amendment within thirty (30) days thereafter, either of them may terminate this Agreement by written notice to the other.

9. Indemnification. Business Associate shall indemnify and hold Covered Entity harmless from and against all claims, liabilities, judgments, fines, assessments, penalties, awards, or other expenses, of any kind or nature whatsoever, including, without limitation, attorney's fees, expert witness fees, and costs of investigation, litigation or dispute resolution, relating to or arising out of any breach or alleged breach of this Agreement by Business Associate.

10. This Agreement shall have a document, attached hereto and made a part hereof, containing the following:

- a. The names and contact information for at least one primary contact individual from each party to this Agreement.
- b. A complete list of all individuals, whether employees or direct contractors of Business Associate, who shall be authorized to access Covered Entity's PHI
- c. A list of the specific data elements required by Business Associate in order to carry out the purposes of this Agreement.
- d. The purposes for which such data is required.
- e. A description of how Business Associate intends to use, access or disclose such data in order to carry out the purposes of this Agreement.

Business Associate agrees to update the above noted information as needed in order to keep the information current. Covered Entity may request to review the above-referenced information at any time, including for audit purposes, during the term of this Agreement.

11. Disclaimer. COVERED ENTITY MAKES NO WARRANTY OR REPRESENTATION THAT COMPLIANCE BY BUSINESS ASSOCIATE WITH THIS AGREEMENT OR THE HIPAA REGULATIONS WILL BE ADEQUATE OR SATISFACTORY FOR BUSINESS ASSOCIATE'S

OWN PURPOSES OR THAT ANY INFORMATION IN BUSINESS ASSOCIATE'S POSSESSION OR CONTROL, OR TRANSMITTED OR RECEIVED BY BUSINESS ASSOCIATE, IS OR WILL BE SECURE FROM UNAUTHORIZED USE OR DISCLOSURE, NOR SHALL COVERED ENTITY BE LIABLE TO BUSINESS ASSOCIATE FOR ANY CLAIM, LOSS OR DAMAGE RELATED TO THE UNAUTHORIZED USE OR DISCLOSURE OF ANY INFORMATION RECEIVED BY BUSINESS ASSOCIATE FROM COVERED ENTITY OR FROM ANY OTHER SOURCE. BUSINESS ASSOCIATE IS SOLELY RESPONSIBLE FOR ALL DECISIONS MADE BY BUSINESS ASSOCIATE REGARDING THE SAFEGUARDING OF PHI.

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End of Document

BUSINESS ASSOCIATE AGREEMENT - ATTACHMENT A
(To be completed by Business Associate)

DMAS/ LogistiCare Solution, LLC

Master BAA Agreement Contract **10041**

Reference Section III - Special Provisions to General Conditions

1. This Agreement shall have a document, attached hereto and made a part hereof, containing the following:

- a. The names and contact information for at least one primary contact individual from each party to this Agreement.

Contact: Willie Jefferson
Department of Medical Assistance Services
600 East Broad Street
Richmond, Virginia 23219
(804) 225-4593
Willie.Jefferson@dmass.virginia.gov

Contact: Albert Cortina/Melanie Crowe
Name: LogistiCare Solutions, LLC
Address: 1275 Peachtree Street NE, 6th floor, Atlanta, GA 30309
Phone Number: 404-888-5857
Email Address: albertc@logisticare.com or melaniec@logisticare.com

- b. Complete list of all individuals, whether employees or direct contactors, of Business Associate who shall be authorized to access Covered Entity's PHI.

All LogistiCare Virginia employees
All LogistiCare corporate employees
All subcontracted transportation provider owners, active drivers, and billers

- a. List of the specific data elements required by Business Associate in order to carry out the purpose of this Agreement.

At a minimum, LogistiCare requires the following information to be sent on the primary eligibility file. All criteria for determining eligibility/benefits must be included in the eligibility file, such as:

Member Name:
Member Number:
Date of Birth:
Eligibility Start Date:
Eligibility End Date:
Member Address
Member Phone Number
Plan/Group/LOB Code or similar way for us to differentiate members
County Name/County Code/Region Name/Region Code

Medicaid Number (If Medicaid)
Medicare Number (If Medicare)

Optional Info That May Be Required for Encounter Files:

HCFA Number: (Medicare)

County Name/County Code/Region Name/Region Code (If outlined in the Statement of Work)

H Contract Code: (Medicare)

PBP Code: (Medicare)

PCP ID:

Other info as required for reporting back to the plan.

- b. Purposes for which such data is required.

Manage NEMT Transportation
Report Generation
Encounter claims submission

- c. Description of how Business Associate intends to use, access or disclose such data in order to carry out the purposes of this Agreement.

LogistiCare maintains all electronic NEMT information, including participant, provider, and vehicle and driver records in our proprietary data management system LogistiCAD. We have designed this system and our network infrastructure to provide multiple layers of electronic security for systems, data and services. Users can only access protected information via the LogistiCAD application and all access/changes to information are tracked for auditing purposes. Only limited IT personnel have access to the database clusters which helps guarantee that patient information is protected.

LogistiCare's subcontracts with transportation providers and communicates transportation assignments using fax and a secure web site. The web site uses an HTTPS address with Secure Sockets Layer (SSL), 128-bit encryption. All HIPAA security authentication access mechanism guidelines are followed. Providers are only given access to information that is required to fulfill their transportation duties. Each user of the systems is given a unique user id and password. User ID sharing is not allowed. The web systems are protected in our Network Operation Centers (NOC) by multiple firewalls and Intrusion Protection/Detection systems. LogistiCare employs a third-party security consulting firm that performs an "ethical" hack on our Web sites each year to ensure they are properly protected.

LogistiCare fully supports and complies with HIPAA requirements for Protected Health Information (PHI), and we are sensitive to the privacy of participants. To help protect the rights of clients, providers, and our employees, we have built an organizational awareness of HIPAA and created confidentiality best practices throughout the company. LogistiCare will adhere to 45 CFR Parts 160, 162, and 164 as required in this section of the RFP.

HIPAA and its Administrative Simplification and Privacy (AS&P) rules specify how any Medicaid transportation broker must collect, store, transmit, and release PHI. LogistiCare is constantly working to comply with both key segments of the HIPAA regulations - privacy and technical/physical security.

LogistiCare requires that all of our subcontractors enter into Business Associate agreements with LogistiCare. These agreements impose the same standards of confidentiality upon the subcontractors as those agreed to by LogistiCare. Thus, there is a chain of trust from LogistiCare's contracting agencies through LogistiCare to LogistiCare's network of subcontractors.