

	CONTRACT	HCA Contract Number: K618
	AMENDMENT	Amendment No.: 9

THIS AMENDMENT is between the Washington State Health Care Authority, hereinafter referred to as "HCA," and the party whose name appears below, hereinafter referred to as the "Contractor."

CONTRACTOR NAME Corporate Translation Services		CONTRACTOR doing business as (DBA) CTS LanguageLink	
CONTRACTOR ADDRESS 911 Main Street, Suite 10 Vancouver, WA 98660		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	
CONTRACTOR CONTACT Dan Nelson	CONTRACTOR TELEPHONE (360) 433-0461	CONTRACTOR E-MAIL ADDRESS dann@ctslanguagelink.com	
HCA PROGRAM TITLE Interpreter Services		HCA DIVISION/SECTION HCS/PAS	
HCA CONTACT NAME AND TITLE Johnny Shults		HCA CONTACT ADDRESS PO Box 45530 Olympia, WA 98504-5530	
HCA CONTACT TELEPHONE (360) 725-1379		HCA CONTACT E-MAIL ADDRESS Johnny.shults@hca.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CFDA NUMBER(S) 93.778	FFATA Form Required <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
AMENDMENT START DATE September 24, 2012	AMENDMENT END DATE August 31, 2015	CONTRACT END DATE August 31, 2015	
PRIOR MAXIMUM CONTRACT AMOUNT \$22,725,000.00	AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$22,725,000.00	NON-FINANCIAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

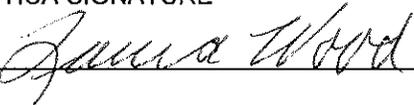
REASON FOR AMENDMENT:

 Updating language regarding claiming for ineligible Clients.

ATTACHMENTS/EXHIBITS. When the box below is marked with an X, the following Exhibits/Attachments are attached and are incorporated into this Contract Amendment by reference:

Exhibit(s) (specify):
 Attachment(s) (specify):
 Schedule(s) (specify):
 No Exhibit/Attachment

This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE 	PRINTED NAME AND TITLE Alan Bloch, controller	DATE SIGNED 4/30/14
HCA SIGNATURE 	PRINTED NAME AND TITLE Laura Wood HCA Contracts Administrator	DATE SIGNED 5/7/14

This Contract between the State of Washington Health Care Authority (HCA) and the Contractor is hereby amended as follows:

1. Section 3, e., (1), (f) is subsequently renumbered to (g).
2. A new Section 3, e., (1), (f) is added as follows:
 - (f) Requirements to pay for services used when requested for ineligible Clients or services.
3. Section 3, e., (1), (g) is edited as follows:
 - (g) Provide an orientation of the Interpreters on requirements in Section f. (7.), (A-g) of this contract.
4. A new Section 3, o., (9) is added as follows:
 - (9) Direct Billing. Develop an internal process for direct billing a Client to recover payment within ninety (90) days of the HCA denial of services for non-covered charges or Client. Following the end of the ninety (90) days from the date of denial, the Contractor shall submit claims denied by ProviderOne for direct Interpreter Services to the HCA Program Managers using the State Form A-19-1A Invoice Voucher, or such other form as designated by HCA, no more frequently than monthly, by the twentieth (20th) calendar day of each month. The Contractor shall outline in their procedures how this is to be accomplished and what steps shall be taken to recover payment from the provider for up to one (1) year from the date of approval.
5. Section 3, p. (6) is subsequently renumbered to (9).
6. New Sections 3, p. (6), (7), and (8) are added as follows:
 - (6) Ineligible Claims Report:

The number of claims and supporting data of claims denied by HCA as ineligible for services that are unpaid by:

 - (a) Claims approved by the Interpreter and denied by HCA less than thirty (30) days from the date of the report;
 - (b) Claims approved by the Interpreter and denied by HCA less than sixty (60) days from the date of the report;
 - (c) Claims approved by the Interpreter and denied by HCA less than ninety (90) days from the date of the report; and
 - (d) Claims approved by the Interpreter and denied by HCA that will be billed to HCA for payment.

(7) The annual number of direct bills paid by the Authorized Requestor and reimbursed to the Interpreter.

(8) The annual number of direct bills paid by HCA pending reimbursement from the provider.

7. Section 7, Billing, a., (1), (b), iv. and v. are added as follows:

iv. Scheduled encounters properly denied by ProviderOne due to ineligibility and remain unpaid by the Authorized Requester ninety (90) days following the date of approval.

v. Scheduled Encounters denied by ProviderOne for ineligible Clients of services when the Contractor has attempted to recover payment from the medical provider in the preceding ninety (90) days from the date of denial.

(A) The claim shall be considered a private arrangement from the date of denial to ninety (90) days from the date of denial. During this time the Contractor must seek payment from the medical provider. The rate billed may be at the market rate.

(B) On the ninety-first (91st) day from the date of denial, the Contractor shall bill HCA for payment at the established state rate. The claims shall be billed using the established A-19-1A invoice voucher or other such form as designated by HCA. The initial direct bill invoice must be withdrawn.

(C) The Contractor must make every attempt to recoup payment, in accordance with Contractor's internal process as described below, and all attempts must be documented. Contractor must make every attempt to recoup payment for this claim from the medical provider for up to one (1) year from initial date of denial. A new direct bill invoice shall be sent to the provider. The amount may not be more than the rate paid by HCA for the services.

Contractor's internal recoupment process implemented following receipt of payment from State:

1. Send statements to the providers monthly.
2. Contact the provider via letter, email or phone call approximately ninety (90) days after the claim has been rebilled to the provider.
3. Contact the provider via letter, email or phone call approximately one hundred eighty (180) days after the claim has been rebilled to the provider.

(D) Once payment is received by the Contractor from the medical provider, the Contractor shall remit the payment back to HCA using the established A-19-1A invoice voucher or other such form as designated by HCA.

All other terms and conditions of this Contract remain in full force and effect.