

	CONTRACT AMENDMENT	HCA Contract No.: K1926 Amendment No.: 04
THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.		
CONTRACTOR NAME University of Washington	CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 1959 NE Pacific Street Seattle, WA 98195	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	

WHEREAS, HCA and Contractor previously entered into an Agreement for creation and maintenance of the "Pain Hotline" and access to UW Telepain, and;

WHEREAS, HCA and Contractor wish to amend the Agreement pursuant to Section 6 to extend the period of performance and increase funding accordingly;

NOW THEREFORE, the parties agree the Agreement is amended as follows:

1. Section 3, Period of Performance. The period of performance is extended from June 30, 2018 through June 30, 2019.
2. Section 4, Payment. The total not to exceed payment amount is hereby increased by \$608,000.00 for a new total of \$1,708,000.00.
3. Section 5, Billing Procedure. This section is restated in its entirety as follows:

5. BILLING PROCEDURE

- 5.1 UW shall submit invoices to HCA monthly based on the deliverables and payment schedule in Exhibit B.
- 5.2 Contractor must submit accurate invoices to the following address for all amounts to be paid by HCA via e-mail to: Acctspay@hca.wa.gov. Include the HCA Contract number in the subject line of the email.
- 5.3 Invoices must describe and document to HCA's satisfaction a description of the work performed, the progress of the project, and fees. If expenses are invoiced, invoices must provide a detailed breakdown of each type. Any single expense in the amount of \$50.00 or more must be accompanied by a receipt in order to receive reimbursement. All invoices will be reviewed and must be approved by the Contract Manager or his/her designee prior to payment.

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

5.4.1 HCA Contract number K1926;

5.4.2 Contractor name, address, phone number;

5.4.3 Description of Services;

5.4.4 Date(s) of delivery;

5.4.5 Net invoice price for each item;

5.4.6 Applicable taxes;

5.4.7 Total invoice price; and

5.4.8 Payment terms and any available prompt payment discount.

5.5 HCA will return incorrect or incomplete invoices to the Contractor for correction and reissue. The Contract Number must appear on all invoices, bills of lading, packages, and correspondence relating to this Contract.

5.6 In order to receive payment for services or products provided to a state agency, Contractor must register with the Statewide Payee Desk at <http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx>. Payment will be considered timely if made by HCA within thirty (30) calendar days of receipt of properly completed invoices. Payment will be directly deposited in the bank account or sent to the address Contractor designated in its registration.

5.7 Upon expiration of the Contract, any claims for payment for costs due and payable under this Contract that are incurred prior to the expiration date must be submitted by the Contractor to HCA within sixty (60) calendar days after the Contract expiration date. HCA is under no obligation to pay any claims that are submitted sixty-one (61) or more calendar days after the Contract expiration date ("Belated Claims"). HCA will pay Belated Claims at its sole discretion, and any such potential payment is contingent upon the availability of funds.

4. Exhibit B, Deliverables and Budget is amended to read as follows:

1) Telephone Consultation Hotline

Available Monday through Friday, 8:30 am to 4:30 pm, excluding Holidays (New Year's Day; Martin Luther King Jr.'s Birthday; Presidents' Day; Memorial Day; Independence Day; Labor Day; Veterans' Day; Thanksgiving Break, fourth Thursday and Friday in November; and Christmas Day)

a) 0.4 Pharmacist FTE: \$1,331.20/week

b) 0.13 Pain Specialist MD: \$780.63/week

2) Telepain Video Consultation Webinar

Administered once per week – with Case Review. Available 1 January 2017 until terminated as provided in Sections 18-20 of the main Agreement.

- a) \$38,954.22/month.
- b) \$1,200.00/annual fee for CME credits, payable annually during the term of the Agreement.
- c) \$7,500.00/annual fee for presenter incentive, payable annually during the term of the Agreement.
- d) \$5,000.00/annual fee for travel for marketing purposes, payable annually during the term of the Agreement.
- e) In its discretion, University of Washington may vary the effort among its assigned personnel listed in detailed budgets as needed to ensure that deliverables are maintained; budget totals will remain unchanged.

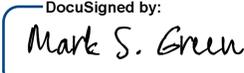
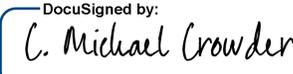
See attached detailed budget on the following page of this Exhibit B.

3) Reports

UW will provide service statistics and satisfaction reports for the Pain Hotline and Telepain in a mutually agreed upon format and according to the reporting schedule set forth in Exhibit A.

5. This Amendment will be effective July 1, 2018 (“Effective Date”).
6. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Agreement.
7. All other terms and conditions of the Agreement remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by HCA.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
DocuSigned by:  E5A9D16E211D46D	Mark S. Green Vice Dean for Administration & Finance School of Medicine	5/10/2018
DocuSigned by:  1BA81732E5CE424...	Lisa Brandenburg Chief Health System Officer, UW Medicine Vice President for Medical Affairs, UW	5/30/2018
DocuSigned by:  8D1829139F924BE...	C. Michael Crowder, M.D., Ph.D. Allan J. Treuer Endowed Professor & Chair, Department of Anesthesiology & Pain Medicine School of Medicine	5/8/2018
DocuSigned by:  AD1E12E10BB6463...	Geoff Austin Executive Director UW Medical Center	5/7/2018

<p>CONTRACTOR SIGNATURE</p> <p>DocuSigned by: <i>Shabir Somani</i> 66E877DDE46B4AA...</p>	<p>PRINTED NAME AND TITLE</p> <p>Shabir Somani Chief Pharmacy Officer UW Medicine</p>	<p>DATE SIGNED</p> <p>5/9/2018</p>
<p>HCA SIGNATURE</p> <p>DocuSigned by: <i>Annette Schuffenhauer</i> 4F250FCAF7C2458...</p>	<p>PRINTED NAME AND TITLE</p> <p>Annette Schuffenhauer Chief Legal Officer</p>	<p>DATE SIGNED</p> <p>6/1/2018</p>