

## Leon County Pharmaceutical Care Contract with Florida A&M University College of Pharmacy

This Agreement dated this \_\_ day of September, 2006, by and between LEON COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "County" and Florida Agricultural and Mechanical University acting for and on behalf of the FAMU Board of Trustees a public corporation of the State of Florida, hereinafter referred to as the "College" or "Contractor."

WHEREAS, the COLLEGE and County share a common mission to provide the highest quality of pharmaceutical services and care to its patients, and;

WHEREAS, and County agree that it would be in their mutual interest to expand its current level of pharmaceutical services and unify all pharmaceutical operations for all uninsured Leon County residents at the 872 W. Orange Ave site and the 438 W. Brevard Street site; and

WHEREAS, the Board has determined that a greater need for unified pharmaceutical care for the uninsured in our community exists above the current level of services offered at the individual sites at their current levels of funding and participation; and

WHEREAS, the Board has found it in the best interest of Leon County to dedicate funding for the expansion of unified pharmaceutical care and operations for pharmaceutical services for the uninsured; and

WHEREAS, the College has agreed to work cooperatively with the Board to meet that additional community need for unified pharmaceutical services for the uninsured;

NOW, THEREFORE, the parties hereto agree as follows:

### Section 1: Plan of Operations

The objective of the Unified Pharmaceutical Plan is to operate several community pharmacies to provide pharmaceutical services for Leon County's uninsured. Under the administration of the FAMU College of Pharmacy, the Unified Pharmaceutical Plan will include:

1. The FAMU Health Department Pharmacy located at the Bond Community Health Center at 872 W. Orange Avenue.

The patients of the Bond Community Health Center will continue to receive the same level of pharmaceutical services that they are currently receiving but services will be expanded to serve all patients. Hours of operation will be Monday through Thursday 8:30am – 1:30pm and 2pm - 5pm; Friday 8:30am – 1:30pm and 2pm – 5pm. Any hours of operation requested outside of these hours will be provided at the health center's expense.

2. The FAMU Health Department Pharmacy located at the Neighborhood Health Services Clinic at W. Brevard Street.

Patients of Neighborhood Health Services will continue to receive the same level of pharmaceutical services that they are currently receiving. The College of Pharmacy will assume the administrative and operational duties of the pharmacy. Administrative services will include staffing, formulary management, etc. Hours of operation will be Monday through Friday 9am – 1:30pm and 2pm – 5pm. Any hours of operation requested outside of these hours will be provided at the health center's expense.

3. The FAMU Health Department Pharmacy located at an additional site.

The third pharmacy should be in a location convenient to uninsured patients who have received services at either the Tallahassee Memorial Healthcare or Capital Regional Medical Center emergency rooms. Uninsured patients, upon discharge from either of the local hospital emergency rooms will be able to access low-cost medications. The supply of medications dispensed to these patients will be sufficient to sustain patients until they have made an appointment to be seen by a physician via a CareNet referral to either Bond Community Health Center or Neighborhood Health Services. The third pharmacy should also have sufficient space to house administrative staff and rooms for disease state management classes. Inclusion of the third pharmacy site will be added as an addendum to the contract.

All pharmacy locations will be electronically linked with secure technology to access the RX30 program, a pharmacy database located on a central server, currently housed at 872 West Orange Avenue. This existing equipment is used by the FAMU Health Department Pharmacy located at the 872 West Orange Avenue location to operate their services at that location. The network will be compliant with all HIPAA regulations.

These services will be monitored and managed by Leon County Health Department IT staff, which will also provide help desk and troubleshooting services to the FAMU Health Department Pharmacy sites for desktop and connectivity support.

The College of Pharmacy will manage the day-to-day operations of each pharmacy location and relieve each clinic site of pharmacy management responsibilities and provide professional consultation in the development of overall pharmacy management, clinical services, and program evaluation. The College of Pharmacy will provide the expertise to ensure proper Florida licensing for pharmacy practice, adherence to all Florida Statutes governing the profession of pharmacy and development of clinical pharmacy programs.

Section 2: Scope of Services:

The purpose of the expansion of services will be to provide unified pharmaceutical services to all uninsured patients of Leon County. Services provided by the College of Pharmacy will include:

- A. Coordinate and unify pharmacy services for indigent patients at the Bond Community Health Center, Neighborhood Health Services, and the two local hospitals.

- B. Development of policies and procedures for pharmaceutical services from each primary care site.
- C. Development of a community wide formulary for distribution to health care providers of the uninsured.
- D. Coordinated Patient Assistance Programs (PAP) for uninsured residents of Leon County.
- E. Enroll the County's Unified Program into drug manufacturer bulk replacement programs
- F. Filling/dispensing prescription and OTC medications.
- G. Counseling services including Drug Utilization Review interventions and patient drug monitoring.
- H. Provide patient education seminars for specific disease state management to better control patient medical conditions.
- I. Track medications dispensed for Leon County patients .
- J. Generating reports requested by Leon County for facilitation and accountability of pharmaceutical services in the county.
- K. Conduct outcomes research and utilization studies to assess therapeutic outcomes.

All revenues generated by the unified pharmaceutical program through the provision of services listed above will be placed back into the unified program for the purchase of medications, equipment, supplies, or any other expenditures deemed necessary by the College of Pharmacy and approved in writing by Leon County.

Section 3: Reports to be performed by Contractor:

- 1. The Contractor must submit a monthly invoice (Exhibit A) to the County on or before the 15<sup>th</sup> day of the month. The invoice should be sent to the following address to the attention of the "Uninsured Healthcare Program Administrator:"

**Division of Health and Human Services  
918 Railroad Avenue  
Tallahassee, Florida 32310**

- 2. The Contractor must submit required documentation to the monthly invoice. These attachments shall at a minimum contain the following information:
  - A) Number of prescriptions filled per month.
  - B) Number of Patient Assistance medications received and the retail value.

3. The Contractor must submit a Quarterly Progress Report that is to include the total number of prescriptions filled, the number of patient assistance medications received and the retail value of the medications, and a summary of expenditures for medications and salary expenses, respectively, as documented during the respective quarter.
4. The Quarterly Progress Report is to be submitted with the monthly invoice for the months of March, June and September. The quarterly report must be attached to the respective monthly invoice in order for the county to proceed with invoice processing and payment, unless otherwise specified by the Board.
5. Annually, the Contractor will submit a final report that provides a detailed summary of all expenditures made utilizing the funds from this contract. This annual report will also comprehensively detail the amount of new patients as compared to overall patients served by the provider and the types of service performed during the reporting year. The report will also compare the current period against measures from previous years.

Section 4: Audits, Records, and Records Retention:

The Contractor agrees:

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.
2. To retain all client records, financial records, time sheets, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
3. Upon completion or termination of the contract and at the request of the County, the Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.
4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County.
5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(I)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
6. To include these aforementioned audit and record keeping requirements in all approved

subcontracts and assignments.

Section 5: Monitoring:

The Contractor agrees:

1. To permit persons duly authorized by the County to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and interview any clients and employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.
2. Following such evaluation, the County will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The Contractor will correct all noted deficiencies identified by the County within the specified period of time set forth in the recommendations. The Contractor's failure to correct noted deficiencies may, at the sole and exclusive direction of the County, result in any one or any combination of the following: (a) the provider being deemed in breach or default of this contract; (b) the withholding of payments to the Contractor by the County; and (c) the termination of this contract for cause.

Section 6: Payment:

1. Payment shall be made by the County upon receipt of valid invoice by Contractor at a monthly rate equal to no more than one twelfth (1/12) of the following total contractual amount: \$355,000.00. The contractual amount is based upon the following line items (for twelve months):

Pharmaceutical Care Services:

872 W. Orange Avenue Site

1.0 FTE RX Manager  
\$91,440 (salary + fringe)

1.0 FTE Pharmacy Technician  
\$43,018 (salary + fringe)

MedData Services \$ 3,000

RX-30 Software \$ 2,280

438 W. Brevard Street Site

1.0 FTE RX Manager  
\$91,440 (salary + fringe)

1.0 FTE Pharmacy Technician  
\$43,018 (salary + fringe)

MedData Services\$ 3,000

RX-30 Software\$ 2,280

Both Sites	1.5 FTE PAP Coordinator	\$51,375 (salary + fringe)
	Equipment and Supplies	\$24,149

**Total:** **\$355,000**

2. The payment shall be made by the County within 30 days of receipt and approval by the County of a monthly invoice. The monthly invoice is to be completed and submitted by the Contractor to the County.
3. No line item (as identified in paragraph 1 above) payment shall be made until such time as the staff members identified in Section 6 of this contract are hired by the Contractor or County authorized Subcontractor. Similarly, no payment shall be made if the required monthly reports, as delineated in Section 3 of this contract, are not attached to the monthly invoice appropriately.

Section 7: Time:

The length of this contract shall be for a term of twelve months beginning on October 1, 2006 and ending on September 30, 2007 with renewability.

Section 8: Hold Harmless:

The Contractor agrees to indemnify and hold harmless the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the breach of this agreement by Contractor, its delegates, agents or employees, or due to any act or occurrence of omission or commission of the Contractor, including but not limited to costs and a reasonable attorney's fee, in a manner consistent with section 768.28, Florida Statutes.. The County may, at its sole option, defend itself or allow the Contractor to provide the defense.

Section 10: Termination

1. The County may terminate this contract without cause, by giving the Contractor sixty (60) days written notice of termination. Either party may terminate this contract for

cause by giving the other party hereto sixty (60) days written notice of termination. The County shall not be required to give the Contractor such sixty (60) day written notice if, in the opinion of the County, the Contractor is unable to perform its obligations hereunder, or if in the County's opinion, the services being provided are not satisfactory. In such case, the County may immediately terminate the Contract by mailing a notice of termination to the Contractor.

2. Termination with cause shall include but not be limited to the discovery of improper or inappropriate accounting, expenditures, reporting or service delivery by the provider or due to the discovery of noncompliance with any item detailed within the sections of this contract.

#### Section 11: Revisions

In any case where, in fulfilling the requirements of this contract or of any guarantee, embraced in or required thereby it is necessary for the Contractor to deviate from the requirements of the contract, Contractor shall obtain the prior written consent of the County. The parties agree to renegotiate this contract if revision of any applicable laws or regulations makes changes in this contract necessary.

#### Section 12: Construction

The validity, construction, and effect of this Contract shall be governed by the laws of the State of Florida.

#### Section 13: Budget

The performance of Leon County of any of its obligations under the purchase order or agreement shall be subject to and contingent upon the availability of funds lawfully expendable for the purposes of the purchase order or agreement for the current and any future periods provided for within the renewal of the contract.

#### Section 14: Status

The Contractor at all times relevant to this Agreement shall be an independent contractor and in no event shall the Contractor nor any employees or sub-contractors under it be considered to be employees of Leon County.

#### Section 15: Assignments

This Contract shall not be assigned or sublet as a whole or in part without the written consent of the County nor shall the contractor assign any monies due or to become due to him hereunder without the previous written consent of the County.

#### Section 16: Public Entity Crimes Statement

In accordance with Section 287.133, Florida Statutes, Contractor hereby certifies that to the best of his knowledge and belief neither Contractor nor its affiliates has been convicted of a public entity crime. Contractor and its affiliates shall provide the County with a completed public entity crime

statement form no later than January 15 of each year this agreement is in effect. Violation of this section by the Contractor shall be grounds for cancellation of this agreement by Leon County.

Section 17: Contractor's Responsibility

It shall be the sole responsibility of the Contractor to comply with all applicable Federal, State, County and City, statutes, ordinances, rules and regulations in the performance of the Contractor's obligations under this agreement.

WHERETO, the parties have set their hands and seals effective the date whereon the last party executives this Agreement.

**FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY**

\_\_\_\_\_  
**Larry Robinson, Ph.D.**  
Provost and Vice-President Academic Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Robert L. Thomas, Pharm.D.**  
Interim Dean, College of Pharmacy  
And Pharmaceutical Sciences

\_\_\_\_\_  
Date

\_\_\_\_\_  
**James L. Conoly**  
Risk Manager

\_\_\_\_\_  
Date

Approved as to form, but Legality  
**subject to execution by all parties.**

**Office of General Counsel**

BY: \_\_\_\_\_  
**Shira R. Thomas**  
Associate General Counsel

\_\_\_\_\_  
Date

**LEON COUNTY, FLORIDA**

BY:  
Bill Proctor, Chairman Board of County Commissioners

ATTEST:  
BOB INZER, CLERK OF COURT  
LEON COUNTY, FLORIDA

By: \_\_\_\_\_

APPROVED AS TO FORM:  
LEON COUNTY ATTORNEY'S OFFICE

By: \_\_\_\_\_ Herbert W.A. Thiele, Esq. County Attorney

**MONTHLY INVOICE for \_\_\_\_\_, 2006**

**LEON COUNTY UNINSURED HEALTHCARE PROGRAM**

Under the terms of contract # \_\_\_\_\_, this is a request for payment for services rendered by Florida A&M University College of Pharmacy and Pharmaceutical Sciences for the month of \_\_\_\_\_, 2006.

Reimbursement Request:

Professional/Clerical Staff\*:

2.0 FTE Pharmacy Manager	\$ _____
2.0 FTE Pharmacy Technician	\$ _____
1.5 FTE PAP Coordinator	\$ _____

Supplies

MedData Services	\$ _____
RX-30 Software	\$ _____

**Total Amount Billed:**

\* Request reimbursement only for positions that are filled during the billing period including the date of hire for each respective position.

Reimbursement Summary:

Total Contract Amount	\$ <u>355,000.00</u>
Less Prior Reimbursements	\$(_____)
Less Billing this Period	\$(_____)
Contract Amount Remaining	\$ _____

Provider Representative \_\_\_\_\_ Date \_\_\_\_\_

Approved for payment by: Contract Manager \_\_\_\_\_ Date \_\_\_\_\_

Attachment Request:

In order to process this invoice, the Contractor must attach the following information for the current monthly reporting period (sample submission is Attachment 2 to this agreement):

- 1) Total number of prescriptions filled
- 2) Total number of PAP applications received and dollar value of medications.

Reporting Quarter \_\_\_\_\_, 2006

Number of prescriptions filled \_\_\_\_\_

Number of PAP medications received \_\_\_\_\_

Retail Value of PAP \_\_\_\_\_

Quarterly Expenditure Summary:

RX Manager

Pharmacy Technician

MedData Services

RX-30 Software

Activities/Concerns/Challenges during this reporting period; Outlook for the next reporting period (planned activities, expansion, outreach, etc.):