

**AGREEMENT FOR THIRD PARTY ADMINISTRATIVE SERVICES FOR OFF-SITE
MEDICAL SERVICES**

THIS AGREEMENT (the "Agreement") is entered into as of the Effective Date (defined in Section 1, below) by and between Leon County Sheriff's Office (the "County"), a political subdivision of the State of Florida, situated at 2825 Municipal Way, Tallahassee, FL 32304, and Heritage Health Solutions, Inc. (the "Vendor"), a Texas Corporation, 750 Canyon drive, Suite 120, Coppell, TX 75019, and whose Federal Employer Identification Number is 27-1516386.

WHEREAS, the Vendor has considerable expertise in providing of off-site inmate administrative healthcare services; and

WHEREAS, the County desires to employ the Vendor to provide administrative healthcare services of certain medical care and prescription plan services not provided at the jail facilities for inmates at the Leon County Sheriff's Office; and

WHEREAS, the Vendor is currently providing these services for Polk County, Florida; and

WHEREAS, the Vendor is able and agreeable to providing the County the administrative healthcare services and represents that it is competent, qualified, capable and prepared to do so according to the terms and conditions stated herein.

NOW, THEREFORE, in consideration of the mutual understandings and covenants set forth herein, the County and the Vendor hereby agree, as follows:

1.0 Effective Date; Term

1.1 This Agreement shall take effect on the date (the "Effective Date") of its execution by the County.

1.2 The term of this Agreement shall be for a three (3) year time period, with the option to renew for an additional two (2) year term, commencing upon the Effective Date and remaining in full force and effect thereafter, unless otherwise sooner terminated as provided herein.

2.0 Vendor Services

2.1 The County does hereby retain the Vendor to furnish those services and to perform those tasks (collectively, the "Services") as further described in (i) the Polk County's Request for Proposals RFP #19-746, to include all attachments and addenda, (ii) the Vendor's responsive

proposal; and (iii) the Leon County Performance Work Statement (collectively, (i), (ii) are "RFP 19-746"), all of which are incorporated into this Agreement by this reference, attached hereto as a composite Exhibit "A" and made a part of this Agreement. Exhibit D, "Implementation Plan" attached hereto and incorporated herein includes services to be performed by Vendor after the Effective Date but prior to the go-live date of October 1, 2021 in order to ensure a smooth transition of services. In the event of any conflict between a provision contained in the body of this Agreement and in any exhibit referenced and incorporated herein, the following order or precedence shall apply:

1. Agreement
2. Exhibit a-i
3. Exhibit B
4. Exhibit a-ii
5. Exhibit a-iii
6. Exhibit C
7. Exhibit D

3.0 **Compensation**

3.1 General

3.1.1 In consideration for its providing the Services, the County shall pay the Vendor an annual fixed fee of \$40 per claim as stated in Exhibit "B" which is attached hereto and made a part of this Agreement. The Vendor shall process claims at 195% of Medicare allowable rates. The County shall reimburse the Vendor for qualified paid inmate claims at the Allowed Amount, in accordance with Objective Two of Exhibit "A (iii)".

3.1.2 All the Vendor's invoices for payment must reference the Agreement and must be submitted using a form approved by the County Auditor.

3.1.3 The Vendor shall attach all appropriate cost substantiations to the invoice and shall deliver the invoices to:

Leon County 2825 Municipal Way
Tallahassee, FL 32304
Attention:

3.1.4 The Vendor will clearly state "Final Invoice" on the Vendor's final/last billing for the Services rendered to the County. The Vendor's submission of a Final

Invoice is its certification that all Services have been properly performed and all charges and costs have been invoiced to the County. This account will be closed upon the County's receipt of a Final Invoice. The Vendor hereby waives any charges not properly included on its Final Invoice.

3.1.5 The County's payment of the Final Invoice shall not constitute evidence of the County's acceptance of the Vendor's performance of the Service or the County's acceptance of any work.

3.1.6 The Vendor's submitting an invoice by the project manager or designated payroll officer is attesting to the correctness and accuracy of all charges and requested reimbursements stated in each invoice.

3.1.7 Upon completion of the initial three year term, the Annual Fee for administrative healthcare services shall increase by the same rate as the CPI for the previous twelve (12) month period.

3.1.9 Claims will be paid for all inmates that are eligible on the date of service as indicated on the daily eligibility file provided by County. Leon County shall provide to Heritage a daily file containing the current jail roster and anyone booked out in the past 24 hours. File format shall be as agreed between Heritage and County technical resources, delivered via SFTP to a server provided by Heritage.

3.2 Reimbursable Expenses

3.2.1 All Vendor requests for payment of expenses eligible for reimbursement under the terms of this Agreement, except as otherwise specifically provided in Section 3.1.1, above, shall be reimbursed per the County's Reimbursable Schedule that is attached hereto as Exhibit "C" and made a part of this Agreement. The Vendor's requests for payment shall include copies of paid receipts, invoices or other documentation acceptable to the County's Auditor. To qualify for reimbursement, the Vendor's documentation shall be sufficient to establish that the expense was actually incurred and necessary in the Vendor's performance of the Services in accordance with this Agreement.

3.2.2 Reimbursable Expenses are the actual, pre-approved, expenses incurred directly in connection with the Vendor providing the Services and include the following:

- Overnight Deliveries
- Reproduction
- Professional Associate(s) (if preapproved in writing by County)

3.2.3 Mileage and associated travel costs shall be reimbursed in accordance with F.S. 112.061 and County policy for pre-approved out-of-county travel (excluding travel from home offices located outside of Leon County to the Leon County line).

3.2.4 All assets, i.e. durable goods, purchased as reimbursable expenses become the property of the County upon completion of any work for which the asset was utilized. All such assets must be immediately surrendered by delivery to the County's Budget and Procurement Division offices upon demand following the termination of the Agreement.

3.2.5 Vendor shall maintain a current inventory of all such assets.

4.0 **Vendor's Responsibilities**

4.1 The Vendor shall be responsible for the professional quality, accuracy, competence, methodology, and the coordination of all Services performed pursuant to this Agreement.

4.2 The County's review, approval, acceptance, or payment for any of the Vendor's Services shall not be construed to: (i) operate as a waiver of any rights the County possesses under this Agreement; or (ii) waive or release any claim or cause of action arising out of the Vendor's performance or nonperformance of *this* Agreement. The Vendor shall be and will always remain liable to the County in accordance with applicable law for any and all damages to the County caused by the Vendor's negligent or wrongful performance or nonperformance of any of the Services to be furnished under this Agreement.

5.0 **Ownership of Documents**

All analyses, reference data, bills, completed reports, or any other form of written instrument or document created or resulting from the Vendor's performance of the Services pursuant to this Agreement shall become the property of the County after payment is made to the Vendor for such instruments or documents.

6.0 **Termination**

6.1 The County or Vendor may terminate this Agreement, in whole or in part, at any time, either for the County or Vendor's convenience or because of the failure of the County or Vendor to fulfill its obligations under this Agreement, subject to the cure period provided in Section 26.0, by delivering written notice to the Vendor. Upon receipt of such notice, the Vendor shall:

6.1.1 Immediately discontinue all affected Services unless the notice directs otherwise, and

6.1.2 Deliver to the County all data, reports, summaries, and any and all such other information and materials of whatever type or nature as may have been accumulated by the Vendor in performing this Agreement, whether completed or in process.

6.2 Unless in dispute or subject to the County's right of set-off or other remedy, the Vendor shall be paid for Services actually rendered to the date of termination.

6.3 The rights and remedies of the County provided for in this Section 6 are in addition and supplemental to any and all other rights and remedies provided by law or under this Agreement.

7.0 No Contingent Fees

The Vendor warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the Vendor to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual or firm, other than a bona fide employee working solely for the Vendor, any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award of or making of the Agreement. For the breach or violation of this provision, the County shall have the right to terminate the Agreement at its sole discretion, without liability and to deduct from the Agreement price, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.

8.0 Assignment

The Vendor shall not assign, transfer, or encumber this Agreement, or any interest herein, under any circumstances, without obtaining the prior written consent of the County, which consent may be withheld in the County's exercise of its reasonable discretion. Vendor may assign this agreement to any affiliated company due to corporate restructuring without the consent of the County.

9.0 Professional Associates and Subcontractors

If the Vendor requires the assistance of any professional associates or subcontractors in connection with its providing the Services the Vendor must obtain the prior express written approval of the County, which the County may withhold in its discretion, before any such professional associate or subcontractor may perform any work for the County, except for those professional associates or subcontractors that are a part of Vendor's provider network. If after

obtaining the County's approval the Vendor utilizes any professional associates or subcontractors in the delivery of the Services, then the Vendor shall remain solely and fully liable to the County for the performance or non performance of all such professional associates and subcontractors. The failure of a professional associate or subcontractor to timely or properly perform any of its obligations to the Vendor shall not relieve the Vendor of its obligations to the Comity under this Agreement.

10.0 **Indemnification of County**

Vendor, to the maximum extent permitted by law, shall indemnify, defend (by counsel reasonably acceptable to Vendor) protect and hold the County, and its officers, employees and agents harmless from and against any and all, claims, actions, causes of action, liabilities, penalties, forfeitures, damages, losses, and expenses (including, without limitation, attorneys' fees costs and expenses incurred during negotiation, through litigation and **all** appeals therefrom) whatsoever including, but not limited, to those pertaining to the death of or injury to any person, or damage to any property, arising out of or resulting from (i) the failure of Vendor to comply with applicable laws, rules or regulations, (ii) the breach by Vendor of its obligations under this Agreement, (iii) any claim for trademark, patent or copyright infringement arising out of the scope of the Vendor's performance or nonperformance of this Agreement, or (iv) the negligent acts, errors or omissions, or intentional or willful misconduct, of the Vendor, its professional associates, subcontractors, agents, and employees provided, however, that Vendor shall not be obligated to defend or indemnify the County with respect to any such claims or damages arising out of the County's sole negligence. Vendor's indemnity is subject to: (1) The County providing Vendor with prompt (10 business days) notification upon its receipt of a claim; (2) Vendor controls the defense of the claim supported non-monetarily by the County; and (3) The County makes no false, public, prejudicial statements regarding the claim.

11.0 **Insurance Requirements**

The Vendor shall maintain at all times the following minimum levels of insurance and shall, without in any way altering its liability, obtain, pay for and maintain insurance for the coverage and amounts of coverage not less than those set forth below. The Vendor shall provide the County original Certificates of Insurance satisfactory to the County to evidence such coverage before any work commences. General Liability and Workers' Compensation policies shall contain a waiver of subrogation in favor of Leon County. All insurance coverage shall be written with a

company having an A.M. Best rating of at least the "A" category and size category of VIII The Vendor's self-insured retention or deductible per line of coverage shall not exceed \$25,000 without the permission of the County. In the event of any failure by the Vendor to comply with the provisions of this Section 11, the County may, at its option, upon notice to the Vendor suspend Vendor's performance of the Services for cause until there is full compliance. Alternatively, the County may purchase such insurance at the Vendor's expense, provided that the County shall have no obligation to do so and if the County shall do so, the Vendor shall not be relieved of or excused from the obligation to obtain and maintain such insurance amounts and coverage.

Comprehensive Automobile Liability Insurance. \$1,000,000.00 combined single limit of liability for bodily injuries, death and property damage resulting from any one occurrence, including all owned, hired, and non-owned vehicles.

Commercial General Liability \$1,000,000.00 limit of liability for bodily injuries, death and property damage, and personal injury resulting from any one occurrence, including the following coverages:

Workers Compensation. The Vendor shall provide, pay for, and maintain workers compensation insurance on **all** employees, as required by Florida Statutes.

12.0 **Public Entity Crimes**

The Vendor understands and acknowledges that this Agreement will be voidable by the County in the event the conditions stated in Florida Statutes, Section 287.133 relating to conviction for a public entity crime apply to the Vendor.

13.0 **Non-Discrimination**

The Vendor warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, gender, age or national origin.

14.0 **Designation of Party Representatives**

14.1 Upon receipt of a request from the Vendor, the County shall designate in writing one or more of its employees who are authorized to act by and on behalf of the County to transmit instructions, receive information and interpret and define the County's policy and decisions with respect to the Services to be provided pursuant to this Agreement.

14.2 The Vendor shall designate or appoint one or more Vendor representatives who are authorized to act on behalf of and to bind the Vendor regarding all matters involving the conduct of its performance pursuant to this Agreement.

15.0 All Prior Agreements Superseded

This document incorporates and includes all prior negotiations, correspondence, conversations, agreements or understandings applicable to the matters contained herein and the parties agree that there are no commitments, agreements or understandings concerning the subject matter of this Agreement that are not contained in this document or its designated exhibits. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

16.0 Modifications, Amendments or Alterations

No modification, amendment or alteration in the terms or conditions contained herein shall be effective unless agreed to and executed in writing by both parties to this Agreement in a form acceptable to the County.

17.0 Independent Contractor

Nothing stated in this Agreement is intended or should be construed in any manner as creating or establishing a relationship of co-partners between the parties, or as constituting the Vendor (including its officers, employees, and agents) as the agent, representative, or employee of the County for any purpose, or in any manner, whatsoever. The Vendor is to be and shall remain forever an independent contractor with respect to all Services performed under this Agreement. The Vendor shall not pledge the County's credit or make the County a guarantor of payment or surety for any contract, debt, obligation, judgment, lien or any form of indebtedness and the Vendor shall have no right to speak for or bind the County in any manner.

18.0 Public Records Law

(a) The Vendor acknowledges the County's obligations under Article I, Section 24, of the Florida Constitution and under Chapter 119, Florida Statutes, to release public records to members of the public upon request and comply in the handling of the materials created under this Agreement. The Vendor further acknowledges that the constitutional and statutory provisions control over the terms of this Agreement. In association with its performance pursuant to this Agreement, the Vendor shall not release or otherwise disclose the content of any documents or information that is specifically exempt from disclosure pursuant to all applicable laws. On or about the Effective Date of this Agreement, the parties have executed a separate, stand-alone Business Associate Agreement specifically related to the exchange of protected health information under this Agreement.

(b) Without in any manner limiting the generality of the foregoing, to the extent applicable, the Vendor acknowledges its obligations to comply with Section 119.0701, Florida Statutes, with regard to public records, and shall:

(1) keep and maintain public records required by the County to perform the services required under this Agreement;

(2) upon request from the County's Custodian of Public Records or his/her designee, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;

(3) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term of this Agreement and following completion of this Agreement if the Vendor does not transfer the records to the County; and

(4) upon completion of this Agreement, transfer, at no cost, to the County all public records in possession of the vendor or keep and maintain public records required by the County to perform the service. If the Vendor transfers all public records to the County upon completion of this Agreement, the Vendor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Vendor keeps and maintains public records upon completion of this Agreement, the Vendor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the County, upon request from the County's Custodian of Public Records, in a format that is compatible with the information technology systems of the County.

(c) IF THE VENDOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE VENDOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE COUNTY'S CUSTODIAN OF PUBLIC RECORDS AT:

**RECORDS MANAGEMENT LIASON OFFICER
LEON COUNTY
2825 MUNICIPAL WAY
TALLAHASSEE, FL
32304
TELEPHONE: (850) 606-3300
EMAIL:**

19.0 Compliance with Laws and Regulations

In providing all Services pursuant to this Agreement, the Vendor shall abide by all applicable statutes, ordinances, rules, and regulations pertaining to or regulating the provisions of such Services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the County to terminate this Agreement immediately upon delivery of written notice of termination to the Vendor.

20.0 Governing Law and Venue

This Agreement shall be governed in all respects by the laws of the State of Florida and any litigation with respect thereto shall be brought only in the courts of Leon County, Florida or in the United States District Court, Middle District of Florida, located in Hillsborough County,

Florida. Each party shall be responsible for its own attorneys' fees and other legal costs and expenses.

21.0 Notices

Whenever either party desires to give notice unto the other, it must be given by written notice, delivered (i) in person, (ii) via registered or certified United States mail, postage prepaid with return receipt requested, or (iii) via nationally recognized overnight delivery service, and addressed to the party for whom it is intended at the place last specified by each party. The place for giving of notice shall remain such until it is changed by written notice delivered in compliance with the provisions of this Section 21. For the present, the parties designate the following as the respective places for giving of notice, to wit:

For County: **Leon County, Florida**
2825 Municipal Way
Tallahassee, FL 32304
Attention:

For Vendor: **Heritage Health Solutions, Inc.**
750 Canyon Dr.
Suite 120
Coppell, TX 75019
Attention: Hamilton Baiden

22.0 Severability

The invalidity, illegality, or unenforceability of any provision of this Agreement, or the occurrence of any event rendering any portion or provision of this Agreement void, shall in no way affect the validity or enforceability of any other portion or provision of the Agreement; any void provision shall be deemed severed from the Agreement and the balance of the Agreement shall be construed and enforced as if the Agreement did not contain the particular portion or provision held to be void. The parties further agree to reform the Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this section shall not prevent the entire Agreement from being void should a provision which is of the essence of the Agreement be determined to be void.

23.0 Annual Appropriations

Vendor acknowledges that during any fiscal year the County shall not expend money, incur any liability, or enter into any agreement which by its terms involves the expenditure of money in excess of the amounts budgeted as available for expenditure during such fiscal year. Accordingly,

any agreement, verbal or written, the County may make in violation of this fiscal limitation is null and void, and no money may be paid on such agreement. The County may enter into agreements whose duration exceeds one year; however, any such agreement shall be executory only for the value of the services to be rendered which the County agrees to pay as allocated in its annual budget for each succeeding fiscal year. Accordingly, the County's performance and obligation to pay the Vendor under this Agreement is contingent upon annual appropriations being made for that purpose.

24.0 Unauthorized Alien(s)

The Vendor shall not employ or utilize unauthorized aliens in the performance of the Services provided pursuant to this Agreement. The County shall consider the employment or utilization of unauthorized aliens a violation of Section 274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324a) and a cause for the County's unilateral termination of this Agreement. When delivering executed counterparts of this Agreement to the County, the Vendor shall also deliver a completed and executed counterpart of the attached "AFFIDAVIT CERTIFICATION IMMIGRATION LAWS" form.

25.0 Vendor Representations

25.1 The Vendor hereby represents and warrants the following to the County:

25.1.1 Vendor is a corporation that is duly organized and existing in good standing under the laws of the State of Texas with full right and authority to do business within the State of Florida.

25.1.2 Vendor's performance under this Agreement will not violate or breach any contract or agreement to which the Vendor is a party or is otherwise bound, and will not violate any governmental statute, ordinance, rule, or regulation.

25.1.3 Vendor has the full right and authority to enter into this Agreement and to perform its obligations in accordance with its terms.

25.1.4 Vendor now has and will continue to maintain all licenses and approvals required to conduct its business, and that it will at all times conduct its business activities in a reputable manner.

25.1.5 Vendor has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.

25.1.6 Vendor has the personnel and experience necessary to perform all Services in a professional and workmanlike manner.

25.1.7 Vendor shall exercise the same degree of care, skill, and diligence in the performance of the Services as provided by a professional of like experience, knowledge and resources, under similar circumstances.

25.1.8 Vendor shall, at no additional cost to County, re-perform those Services which fail to satisfy the foregoing standard of care or which otherwise fail to meet the requirements of this Agreement.

25.1.9 Each individual executing this Agreement on behalf of the Vendor is authorized to do so.

26.0 Default and Remedy

If the Vendor materially defaults in its obligations under this Agreement and fails to cure the same within thirty (30) business days after the date the Vendor receives written notice of the default from the County, then the County shall have the right to (i) immediately terminate this Agreement by delivering written notice to the Vendor, and (ii) pursue any and all remedies available in law, equity, and under this Agreement. If the County materially defaults in its obligations under this Agreement and fails to cure the same within thirty (30) business days after the date the County receives written notice of the default from the Vendor, then the Vendor shall have the right to immediately terminate this Agreement by delivering written notice to the County. Upon any such termination, the County shall pay the Vendor the full amount due and owing for all Services performed through the date of Agreement termination.

17.0 Limitation of Liability

IN NO EVENT, SHALL EITHER PARTY BE LIABLE TO THE OTHER FOR INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES OF ANY KIND OR NATURE, INCLUDING LOSS OF PROFIT, WHETHER FORESEEABLE OR NOT, ARISING OUT OF OR RESULTING FROM THE NONPERFORMANCE OR BREACH OF TIDS CONTRACT WHETHER BASED IN CONTRACT, COMMON LAW, WARRANTY, TORT, STRICT LIABILITY, CONTRIBUTION, INDEMNITY OR OTHERWISE.

28.0 Waiver

A waiver by either County or Vendor of any breach of this Agreement shall not be binding upon the waiving party unless such waiver is in writing. In the event of a written waiver, such a waiver shall not affect the waiving party's rights with respect to any other or further breach of this Agreement. The making or acceptance of a payment by either party with the knowledge of the other party's existing default or breach of the Agreement shall not waive such default or breach, or any subsequent default or breach of this Agreement, and shall not be construed as doing so.

29.0 Attorneys' Fees and Costs

Each party shall be responsible for its own legal and attorneys' fees, costs and expenses incurred in connection with any dispute or any litigation arising out of, or relating to this Agreement, including attorneys' fees, costs, and expenses incurred for any appellate or bankruptcy proceedings.

30.0 Force Majeure

Either party hereunder may be temporarily excused from performance if an Event of Force Majeure directly or indirectly causes its nonperformance. An "Event of Force Majeure" is defined as any event which results in the prevention or delay of performance by a party of its obligations under this Agreement and which is beyond the reasonable control of the nonperforming party. It includes, but is not limited to fire, flood, earthquakes, storms, lightning, epidemic, war, riot, civil disturbance, sabotage, and governmental actions. Neither party shall be excused from performance if non-performance is due to forces which are reasonably preventable, removable, or remediable and which the non-performing party could have, **with** the exercise of reasonable diligence, prevented, removed, or remedied prior to, during, or immediately after their occurrence. Within five (5) days after the occurrence of an Event of Force Majeure, the non-performing party shall deliver written notice to the other party describing the event in reasonably sufficient detail, along **with** proof of how the event has precluded the non-performing party from performing its obligations hereunder, and a good faith estimate as to the anticipated duration of the delay and the means and methods for correcting the delay. The non-performing party's obligations, so far as those obligations are affected by the Event of Force Majeure, shall be temporarily suspended during, but no longer than, the continuance of the Event of Force Majeure and for a reasonable time thereafter as may be required for the non-performing party to return to normal business operations. If excused from performing any obligations under this Agreement due to the occurrence of an Event of Force Majeure, the non-performing party shall promptly, diligently, and

in good faith take all reasonable action required for it to be able to commence or resume performance of its obligations under this Agreement. During any such time period, the non-performing party shall keep the other party duly notified of all such actions required for it to be able to commence or resume performance of its obligations under this Agreement.

31.0 Key Personnel

The Vendor shall notify the County if any of the Vendor's Key Personnel (as defined, below) change during the Term of the Agreement. To the extent possible, the Vendor shall notify the County at least ten (10) days prior to any proposed change in its Key Personnel or five (5) days after where applicable. At the County's request the Vendor shall remove without consequence to the County any of the Vendor's contractors, sub-contractors, sub-consultants, agents or employees and replace the same with an appropriate substitute having the required skill and experience necessary to perform the Services. The County shall have the right to reject the Vendor's proposed changes in Key Personnel. The following individuals shall be considered "Key Personnel:"

Name: Hamilton Baiden, President

Name: Kevin James, Chief Pharmacy Officer, VP Operations

32.0 Scrutinized Companies and Business Operations Certifications: Termination

A. Certification(s)

(i) By its execution of this Agreement, the Vendor hereby certifies to the County that the Vendor is not on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, nor is the Vendor engaged in a boycott of Israel, nor was the Vendor on such List or engaged in such a boycott at the time it submitted its bid, proposal, quote, or other form of offer, as applicable, to the County with respect to this Agreement.

(ii) Additionally, if the value of the goods or services acquired under this Agreement are greater than or equal to One Million Dollars (\$1,000,000), then the Vendor further certifies to the County as follows:

(a) the Vendor is not on the Scrutinized Companies with Activities in Sudan List, created pursuant to Section 215.473, Florida Statutes; and

(b) the Vendor is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Section 215.473, Florida Statutes; and

(c) the Vendor is not engaged in business operations (as that term is defined in Florida Statutes, Section 287.135) in Cuba or Syria; and

(d) the Vendor was not on any of the Lists referenced in this subsection A(ii), nor engaged in business operations in Cuba or Syria when it submitted its proposal to the County concerning the subject of this Agreement.

(iii) The Vendor hereby acknowledges that it is fully aware of the penalties that may be imposed upon the Vendor for submitting a false certification to the County regarding the foregoing matters.

B. Termination. In addition to any other termination rights stated herein, the County may immediately terminate this Agreement upon the occurrence of any of the following events:

(i) The Vendor is found to have submitted a false certification to the County with respect to any of the matters set forth in subsection A(i) above, or the Vendor is found to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.

(ii) The Vendor is found to have submitted a false certification to the County with respect to any of the matters set forth in subsection A(ii) above, or the Vendor is found to have been placed on the Scrutinized Companies with Activities in Sudan List, or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, and the value of the goods or services acquired under this Agreement are greater than or equal to One Million Dollars (\$1,000,000).

33. No Construction Against Drafter

The Parties acknowledge that this Agreement and all the terms and conditions contained herein have been fully reviewed and negotiated by the Parties. Accordingly, any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in interpreting this Agreement.

34. Electronic Signature

This Agreement may be executed and delivered by facsimile transmission, email, PDF, electronic signature or other similar electronic means, and such signature shall create a valid and binding obligation of the party executing with the same force and effect as if such signature page were an original thereof.

**(THE REMAINDER OF THE PAGE IS LEFT INTENTIONALLY BLANK;
THE AGREEMENT CONTINUES ON THE FOLLOWING PAGE
WITH THE PARTIES SIGNATURES.)**

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

ATTEST:

Leon County

Witness:

By:  DocuSigned by:
Walt McNeil
CS5841F80C045F...

By:

Title: Sheriff

Title

Date: 7/30/2021 | 12:46 PM PDT

Date:

ATTEST:

Heritage Health Solutions, Inc.

Witness:

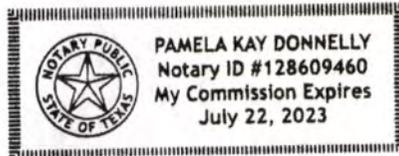
By: 
Title: Chief Pharmacy Officer, EVP Operations

By: Anthony von Reichert
Title: Director, Human Resources

Date: 8/2/21

Date: Aug. 02, 2021

Notary SEAL:



ACKNOWLEDGEMENT OF FIRM IF A LIMITED LIABILITY COMPANY

STATE OF _____ County OF _____

The foregoing instruments was acknowledged before me by means of _____ physical presence or Online notarization this _____ (Date) by _____ (Name of officer or agent) as _____ (title of officer or agent) of the Company on behalf of the Company, pursuant to the powers conferred upon him/her by the Company. He/she personally appeared before me at the time of notarization, and _____ is personally known to me or _____ has produced _____ as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ (Date) _____

(Official Notary Signature and Notary Seal)

(Name of Notary typed, printed or stamped)

Commission Number _____ Commission Expiration Date _____

ACKNOWLEDGEMENT OF FIRM, IF A CORPORATION

STATE OF TEXAS County OF DALLAS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 2ND OF JULY, 2021 (Date) by KEVIN JAMES (Name of officer or agent) as _____ (title of officer or agent) of the Corporation CHIEF PHARMACY OFFICER, VP OPS on behalf of the Corporation, pursuant to the powers conferred upon him/her by the Corporation. He/she personally appeared before me at the time of notarization, and As personally known to me or _____ has produced _____ as identification and did certify to have knowledge of the matters stated in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ (Date)

AUGUST 2, 2021 (Official Notary _____ Signature and Notary Seal Pamela Kay Donnelly)
PAMELA KAY DONNELLY (Name of Notary typed, printed or stamped)

Commission Number 128609460 Commission Expiration Date JULY 22, 2023

ACKNOWLEDGEMENT OF FIRM, IF AN INDIVIDUAL

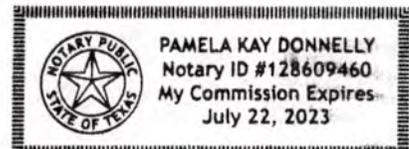
STATE OF _____ County OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or online notarization this _____ (Date) By _____ (Name of acknowledging) who personally appeared before me at the time of notarization, and _____ is personally known to me or _____ has produced _____ as identification and did certify to have knowledge of the matters in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ (Date) _____

(Official Notary Signature and Notary Seal)

(Name of Notary typed, printed or stamped)

Commission Number _____ Commission Expiration Date _____





ACKNOWLEDGEMENT OF FIRM, IF A PARTNERSHIP STATE

OF _____ County OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization this _____ (Date) by _____ (Name of acknowledging partner or agent) on behalf of _____ a partnership.

He/She personally appeared before me at the time of notarization, and _____ is personally known to me or _____ has produced _____ as identification and did certify to have knowledge of the matters in the foregoing instrument and certified the same to be true in all respects. Subscribed and sworn to (or affirmed) before me this _____ (Date) _

_____ (Official Notary Signature and Notary Seal)

_____ (Name of Notary typed, printed or stamped)

Commission Number _____ Commission Expiration Date _____

AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

SOLICITATION NO.: RFP 19-746 PROJECT NAME: Third Party Administrative Services for Off-Site Medical Services

LEON COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY PARTY WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

LEON COUNTY MAY CONSIDER A CONTRACTING PARTY'S EMPLOYMENT OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEON COUNTY.**

THE UNDERSIGNED ATTESTS THAT THE COMPANY IS FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS)

STATE OF TEXAS

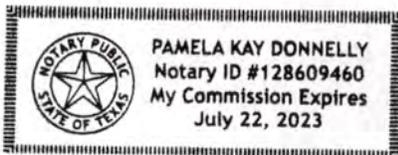
COUNTY OF DALLAS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 2nd day August 2021

By [Signature] (name) as Chief Pharmacy Officer (title of officer) on behalf of the company, who is personally known to me or

has produced _____ as identification.

(AFFIX NOTARY SEAL)



EMPLOYMENT ELIGIBILITY VERIFICATION (E-VERIFY) CERTIFICATION

(Florida Statutes, Section 488.095)

PROJECT NAME: _____ (the "Project")

The undersigned, as an authorized officer of the contractor identified below (the "Contractor"), having full knowledge of the statements contained herein, hereby certifies the following to Leon County, a political subdivision of the State of Florida (the "County"), by and on behalf of the Contractor in accordance with the requirements of Section 488.095, Florida Statutes, as related to the contract (the "Contract") entered into by and between the Contractor and the County governing the Project:

1. Unless otherwise defined herein, terms used in this Certification which are defined in Section 448.095, Florida Statutes, as may be amended from time to time, shall have the meaning ascribed in said statute.
2. Pursuant to Section 448.095(2)(a), Florida Statutes, effective January 1, 2021, public employers, contractors and subcontractors shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. The Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:
 - (a) All persons employed by the Contractor to perform employment duties during the term of the Contract; and
 - (b) All persons (including subvendors/subconsultants/subcontractors) assigned by the Contractor to perform work pursuant to the Contract.

3. The Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System and compliance with all other terms of this Certification is an express condition of the Contract, and the County may treat a failure to comply as a material breach of the Contract. By entering into the Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the Contract. Failure to comply will lead to termination of the Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Tenth Judicial Circuit Court of Florida no later than 20 calendar days after the date of termination. If the Contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination. The Contractor shall be liable for any additional costs incurred by the County as a result of the termination of the Contract. Nothing in this Certification shall be construed to allow intentional discrimination of any class protected by law.

Executed this 2ND day of AUGUST, 2021

ATTEST:

CONTRACTOR:

By: A. von Reichert
 Printed Name: ANTHONY VON REICHERT
 Title: Director Human Resources

By: Kevin James
 Printed Name: Kevin James
 Title: Chief Pharmacy Officer, EVP Operations

A (iii)

Leon County Performance Work Statement

1.0 INTRODUCTION

Leon County requires an off-site health care delivery system that will continue to provide health care services for those held in its custody and administration of payment for such services. This performance Work Statement further describes the services to be provided from the Vendor, Heritage Health Solutions, Inc. (referred to hereinafter as “Heritage”) to the County (having the duties, rights and obligations of the Leon County sheriff’s Office hereunder, referred to as Leon County) under the Agreement for Third Party Administration Services for Off-Site Medical Services (the “contractor”). The parties mutually acknowledge and agree that the contract is between Heritage Health Solutions, Inc., a Texas Corporation, and Leon County, a political subdivision of the State of Florida, but that the County is being referred to in this Performance Work statement as “Leon County” only for ease of administration.

2.0 ATTACHMENTS

Document Title.
Attachment A- Detention Facility(s) Name & Address Attachment B- List of medical providers that have treated Leon County inmates in the last 3 years.

3.0 BACKGROUND

Leon County is required to provide medical and other health care to inmates held in its custody. Pursuant to Section 901.35, Florida Statutes, The County could be financially responsible to health care providers for expenses incurred in providing those services to inmates. Leon County requires a preferred medical provider network (PPN) to provide health care services to inmates when they are taken outside the Leon County jail for medical reasons. Heritage Health Solutions, Inc. (Heritage) will provide the PPN for off-site medical services for those held in custody.

3.1 Estimated Quantities

The needs of the Leon County are based upon changing programmatic goals, funding levels, and a dynamic inmate population that varies in both size and medical need. For purposes of this contract, the number of outpatient claims processed in the most recent 12-month period was [REDACTED]. In 2020 Leon County on average housed [REDACTED] inmates daily. Heritage will be required to provide customer service in support of this contract.

4.0 OBJECTIVES

Heritage will:

Establish a PPN that covers the detention facilities used by the LEON COUNTY.

- Ensure that all offsite medical, dental, network and non-network claims are processed, re- priced, and paid consistent with applicable laws and regulations, asamended.
- Ensure customer service is provided to Leon County.
- Ensure that Leon County data is securely maintained.
- Ensure that Leon County receives accurate and complete reporting data.
- Ensure that for each Leon County inmate who receives offsite health care services, Heritage shall seek and obtain information and documents concerning any health insurance, health benefits or otherprograms or third-party payor sources which may be utilized to pay the offsite health care expenses such inmate incurs.

5.0 SCOPE

Leon County requires the services outlined in this PWS in order to meet its basic mission of providing health care to Leon County inmates. Heritage's technical proposal submitted to Polk County, FL is incorporated as part of the contract.

OBJECTIVE ONE: PREFERRED PROVIDER NETWORK

Heritage shall provide and maintain a comprehensive, countywide medical preferred provider network (PPN) to provide accessible offsite inpatient and outpatient healthcare to Leon County inmates.

Leon County recognizes that network providers may not be available in all instances to treat Leon County inmates. Accordingly, Leon County may send inmates to medical providers that are not affiliated with Heritage's PPN. Heritage is required to process, re-price, and pay all claims,including those generated by providers that are not affiliated with Heritage's PPN. Heritage should strive to maintain a network of providers that is as comprehensive as possible. The County will pay the County Allowed Amount which is 195% of the Medicare rate.

PPN Maintenance - Heritage shall:

1. Have in place an established PPN upon award of the contract that is sufficient to support the requirements of the PWS.
 - 1.1 Augment the PPN if additional coverage is required by Leon County.
 - 1.2 Monitor claims activity and initiate contracts with additional providers if warranted by Leon County claims activity.

PPN Provider Requirements - Heritage shall:

- 1.3 Maintain an appropriate number of network physicians who have staff privileges at network hospitals and ambulatory surgical centers.

- 1.4 Ensure hospitals are accredited by the Joint Commission or certified by Centers for Medicare and Medicaid Services (CMS).
- 1.5 In accordance with FAR Clause 52.237-7, ensure that all network providers have adequate indemnification and medical liability insurance stipulated by law in the jurisdiction where the provider operates.
- 1.6 Identify hospitals where locked wards are available for Leon County inmates. Leon County acknowledges that Sheriff Deputies will be required to accompany inmates and be present at all times during inpatient stays.

Required PPN Elements

- 1.7 Leon County has a need for the following provider specialties. The detention facilities listed in Attachment A have identified medical providers that have agreed to treat Leon County inmates. Some of these providers are included in the current contracted PPN and others may not be. **Leon County has enclosed a list of these medical providers (see AttachmentB). The list comprises all of the medical providers that have treated Leon County inmates in the last 3 years. Leon County is seeking a PPN that covers as many of these medical providers as possible.**

Ambulance Services
Ambulatory Surgery Center
Anesthesiology
Cardiology
Cardiovascular/Thoracic Surgery
Chemotherapy
Dermatology
Dialysis
Endocrinology
Endodontics
Gastroenterology
General Dentistry
General Surgery
Gynecology
Hematology
Hospital Facility
Infectious Disease
*Labs associated with ER or inpatient
Long Term Care Facility
Nephrology
Neurology
Neurosurgery
Nuclear Medicine
*Obstetrics Offsite
Oncology
Ophthalmology
Optometry
Oral Maxilla Facial Surgery

Orthopedics
Orthodontics
Otorhinolaryngology
Pathology
Podiatry
Prosthetics
Psychiatry
Pulmonology
Radiation Therapy
Radiology
Rehabilitation (OT/PT/ST/Cardiac)
Skilled Nursing Facility
Urology
Wound Care

*Labs conducted associated with ER or inpatient belong to Heritage.

*OB/GYN in jail or onsite is covered by the Health Department with Corizon. OB/GYN offsite belongs to Heritage.

- 1.8 Heritage shall maintain and provide Leon County and its detention facilities with access to a website that will:
 - Contain a current list of PPN providers and profile information.
 - Allow Leon County to be able to print PPN profile information from the website by single provider and/or multiple providers by specialty.
- 1.9 Heritage shall provide a process for Leon County to nominate additional medical providers for inclusion in the PPN.

OBJECTIVE TWO: CENTRALIZED CLAIMS PROCESSING

Heritage shall establish an automated medical claims system to process and re-price valid claims for inmate medical care for all categories of claims.

Claims Processing

Heritage shall:

- 2.1 Upon contract execution, work in concert with Leon County, to establish a Standard Operating Procedure (SOP) to address day-to-day procedures for processing County medical, dental, and non-network pharmacy claims and submit it to the County contracting representative for approval. The SOP will be updated annually.
- 2.2 Review inmate claims that Provider submits to Heritage either electronically or by mail. Mailed claims must be scanned into Heritage's claims processing system and maintained by Heritage. Heritage must record and track the date of receipt of all claims and related information in Heritage ' s claims database.
- 2.3 Establish an encrypted (comply with FIPS 140-2) email account that will allow for electronic transmission of inmate Personally Identifiable Information (PII).
- 2.4 Ensure that all claims other than exception claims comply with CMS coding/forms standards for the 1450/1500, the ADA coding/forms standards for the J400, or

- applicable replacement coding/form standards.
- 2.5 Provide Explanations of Benefits (EOBs) for inmate claims that show the inmate name and number, the inmate's account number, Heritage's claim number, the provider/payee name and address, the dates and nature of services provided, applicable codes, billed charges, the Allowed Amount, reasons and explanations for non-payments and adjustments, Heritage's contact information, and other items as deemed necessary by the County. The draft EOB format must be developed and approved by the County. Heritage will obtain County approval before making any changes to the EOB format.
 - 2.6 Process valid, duplicate, exception, adjustment, rejection, and revision claims. Valid, duplicate, exception, adjustment, and rejection claims require EOBs. Revision claims do not require EOBs. All adjustment claims will be made available to the County contracting representative for review as they occur. An adjustment is a monetary change to a paid County inmate medical claim which will result in either an additional payment or a refund due from the provider. If a refund is received, Heritage will issue a credit to the County in its next billing summary document.
 - 2.7 Develop and submit to the County a recoupment process for claims requiring refund. Recoupments of overpayments will be reported to the County contracting representative and credited in the next billing summary document with a Credit Memo. Heritage shall be able to offset future payments to medical providers within its PPN network to recoup payments made to those providers that need to be refunded to the Government. Heritage must be able to track these offsets, reporting them on the billing summary documents and standard reports. Heritage is not required to offset future payments to medical providers outside its PPN network.
 - 2.8 Ensure that all errors on processed and paid claims are contracting correct.
 - 2.9 Establish an anti-fraud program that provides oversight of health care providers that identifies unusual patterns of care, over-utilization of services, suspected billing practices and other unusual practices. Potential cases of fraud must be reported to Leon County.
 - 2.10 Provide training for Leon County staff and other entities, as needed, to support implementation of the claims processing task of the contract. Provide online access to all training materials.
 - 2.11 Notify the County 60 calendar days prior to making changes to its re-pricing software and claims processing system.
 - 2.12 Heritage's claims processing system shall:
 - 2.12.1 Be HIPAA compliant.
 - 2.12.2 Incorporate historical (previous five years) Leon County inmate claims information for possible later retrieval and usage if applicable. Automatically assign an internal control tracking number for each claim.
 - 2.12.3 Calculate and track Leon County allowed amounts for medical services, including, without limitation, any rates negotiated directly between Leon County and the provider, and consider coordination of benefits where applicable.
 - 2.12.4 Identify, track, and block duplicate or invalid claims from being processed for payment.
 - 2.12.5 Identify and track claims by provider, inmate, detention facility, procedures, treatments, surgeries, and other types of medical care.
 - 2.12.6 Record and maintain data (e.g., look up menus, tables, etc.) that includes at a minimum jail code/name/city/state, inmate number/name (including aliases), and provider information. Data should be entered and stored in a way that alleviates errors on

- claimentries and reports.
- 2.12.7 Identify, issue and track provider payments and refunds.
- 2.12.8 Track and recover credits/overpayments from providers, including offsets against future payments to PPN providers.
- 2.12.9 Calculate average cost savings per claim by various categories including cost savings in absolute dollar amounts and on a percentage basis by provider, detention facility, and inmate.
- 2.12.10 Be capable of conducting trend analysis.
- 2.12.11 Track costs by payment date and dates of service.
- 2.12.12 Track payments to providers by type (e.g., check, EFT, credit card, etc.).
- 2.12.13 Track costs and cost trends by type of care (e.g., inpatient, outpatient, ASC, SNF, lab, DRG, diagnosis, dental, pharmacy, etc.).
- 2.12.14 Support and allow for audits when needed once annually. Audits will be performed in accordance with Government Auditing Standards as referenced by Generally Accepted Accounting Principles.
- 2.12.15 Track and report Leon County cost avoidance/savings (e.g., compare full billed charges to the LEON COUNTY Allowed Amount paid).
- 2.12.16 Identify and track all valid medical, dental, and non-network claims, as well as revisions, duplicates, adjustments, and rejections.
- 2.12.17 Maintain Accounts Payable and Accounts Receivable records to support the disbursement and receipt of funds for the duration of the contract.
- 2.12.18 Record all disbursement and credit adjustments, with dates of actions for medical, dental, and non-network claims. Keep track of pending and successful recoupments and the status of efforts to recoup payments.

Valid Claims Re-pricing

- 2.13 Upon contract execution, work in concert with the Leon County, to establish an SOP to address day-to-day procedures for re-pricing Leon County inmate medical claims and submit it to the Leon County CONTRACTING REPRESENTATIVE for approval. The SOP will be updated annually. Heritage shall:
 - 2.13.1 Re-price all applicable claims to 195% of Medicare rates.
 - 2.13.2 **Determine the Leon County Allowed Amount for inmate medical claims submitted to Heritage and adjusted claim amounts as needed. The County Allowed Amount is 195% of Medicare. Heritage will be reimbursed at the COUNTY Allowed Amount.**
 - 2.13.3 Leon County maintains all documentation that supports pricing determination, including the pricing program used, and attach relevant documentation to the electronic file.
 - 2.13.4 Ensure that re-pricing software is current and be responsible for all system/software errors and for adjusting any claims or payments impacted by the system/software errors. System errors are errors caused due to a system malfunction. Heritage will not be compensated for processing fees for claims adjusted due to system errors. Heritage will be reimbursed for payment made to the provider if this type of adjustment results in additional monies being paid to the provider.

- 2.13.5 Price and verify inpatient hospital claims at the correct diagnostic related group (DRG).
- 2.13.6 Ensure that claims, for which there is no Medicare rate or for which Medicare does not allow payment, are referred to the Leon County contracting representative for processing and payment determination.
- 2.13.7 Update claims system with new Medicare rates, pricing software, and updates from outside vendors within 5 business days following publication of and availability of the rates and software.

OBJECTIVE THREE: CENTRALIZED CLAIMS PAYMENT

Heritage shall:

3.1 Issue accurate payment at the County Allowed Amount to providers for Leon County inmate medical, dental, and non-network claims. The County will then reimburse Heritage for these payments.

3.2 Upon contract execution, work in concert with the County, to establish an SOP to address day-to-day procedures for the payment of County inmate medical claims and submit it to the County contracting representative for approval. The SOP will be updated annually. (Heritage may establish a single SOP for claims processing, re-pricing, and payment.)

3.3 Operate and maintain a comprehensive automated financial system capable of accurately tracking disbursements, contract costs, and providing payment for all valid claims.

3.4 Transmit monthly billing summary and backup documents to the County for inmate medical/dental/non-network provider payments.

3.5 Consolidate multiple monthly claim/invoice payments to one provider/Tax Identification Number (TIN) into ONE payment. Lucent (subcontractor to Heritage Health Solutions) shall make monthly payments to providers for calendar month-end activity. Heritage must be able to make payments by EFT, credit card and check. Heritage Health Solutions is responsible for the performance of Lucent

3.6 Document and track all payment errors and ensure each error is corrected or adjusted as quickly as possible.

3.7 Report system errors and other Lucent errors to the CONTRACTING REPRESENTATIVE in writing within 1 business day of the error being discovered. System errors are errors caused due to a system malfunction. Other Lucent errors include, but are not limited to typos in dollar amounts, inmate numbers, TINs, incorrect provider paid, and incorrect re-pricing of claims that are not due to CMS late reporting of new fee schedules/prices. Heritage shall also report the financial impact of the issue on current and previous claims and a time frame for implementing corrective action. Heritage will not be paid a processing fee for adjustments to claims needed as a result of system errors or other Lucent errors. However, if the claims adjustments described above result in additional money being owed the providers, Heritage will be reimbursed for those additional provider payments.

3.8 Issue 1099s to service providers.

OBJECTIVE FOUR: CUSTOMER SERVICE

Heritage shall:

- 4.1 Provide dedicated staff to function as customer service personnel for Leon County, detention facilities, and medical care providers.
 - Provide a toll-free telephone number with voicemail capability.
 - Provide a customer service email address.
- 4.2 Develop and maintain Customer Service Representative logs in order to provide Leon County with call information, as requested. Heritage and Leon County will mutually agree upon call log information.
- 4.3 Provide customer service hours between the hours of 8:00am to 8:00pm East Coast Time Monday through Friday excluding federal holidays.
- 4.4 Provide suggestions to the County regarding potential areas for improvement of on-site health services to reduce or eliminate the need for off-site services as applicable.

6.0 PERFORMANCE STANDARDS

The matrix below summarizes the performance standards established by the contract. Should any performance standard not be met, Heritage will provide a written and detailed corrective action plan (CAP) within ten business days of notification of non-compliance by their own internal operations, testing, auditing, or by Leon County. The CAP must contain an explanation of the non-compliance, a detailed corrective action, a timeframe for completion of the corrective action plan, any financial impact to Leon County, and the personnel responsible for implementing the CAP. Non-compliance of these terms may result in payment being withheld until Heritage is in compliance with contract and performance terms and conditions.

PWS	Required Services	Performance Standards	Acceptable Quality Level (AQL)	Monitoring Method	Incentive/Disincentive
OBJECTIVE ONE: Preferred Provider Network (PPN)					
1.10	Provide access to PPN website	99.99% uptime (not including approved out ages)	No deviation	Report of system availability	N/A
1.11	Provide a process to recommend additional providers for	All the eligible providers recommended are contacted.	100 % of recommended providers are contacted.	CONTRACTING REPRESENTATIVE review of contractor status report	N/A

inclusion in PPN.

OBJECTIVE TWO: Centralized Claims Processing

PWS	Required Services	Performance Standards	Acceptable Quality Level (AQL)	Monitoring Method	Incentive/ Disincentive
2.1, 2. 15	Provide and maintain an accurate SOP for processing, re-pricing and payment of medical, dental, and non-network pharmacy claims.	The SOP must contain the guidelines and timelines that govern the method in which valid (including exceptions) adjusted, duplicate, rejected, and revised claims are processed	No deviation	Contracting representative review of the annual deliverable.	N/A
2.8, 2.15	Process and re-price all claims	Within eight (8) business days from receipt of a Claim. Note: a single claim containing multiple errors will be counted for statistical accuracy purposes as one error.	Error rate not to exceed three percent (3%) After the first year of performance, the error rate not to exceed two percent (2%)	Review up to a 5% random sample of claims on a monthly basis	5% reduction from the original monthly services invoice.
2.15, 3.7	Report system and other Contractor errors	The CONTRACTING REPRESENTATIVE is notified within 1 business day after the discovery, in writing, of the error, the financial impact of the issue on	No deviation	Quarterly Status report Affirms no system or other Contractor errors occurred.	Claim errors resulting from Contractor system errors are corrected at no cost to Leon County for the

	current and previous claims, and a time frame for implementing		Contractor adjustment fees.
	Corrective action.		

PWS	Required Services	Performance Standards	Acceptable Quality Level (AQL)	Monitoring Method	Incentive/ Disincentive
2.15	Update claims system with new Medicare rates and re-pricing software and updates from outside vendors.	The update must be made within 5 business days following publication of and availability of the rates/software.	No deviation	Positive affirmation in quarterly status report.	N/A
OBJECTIVE THREE: Centralized Claims Payment					
3.1	Provide accurate claims payment	Accurately pay provider claims according to the procedures and timelines established. All claims payment errors are re-worked. Adjustments will be made by the procedures and timelines established. The Contractor will record inaccurate claims payments.	No deviation	CONTRACTING REPRESENTATIVE review of adjustments as they occur.	Payment errors due to Contractor system errors will be processed at no additional cost to Leon County.

OBJECTIVE FOUR: Customer Service						
4.1, 4.3	Respond to CS calls.	CS staff will be available during each business day, 8 a.m. - 8 p.m. EST.	No deviation	CONTRACTING REPRESENTATIVE reviews quarterly summary call log	N/A	
		All CS inquiries are responded to within one (1) business day.				98% of initial calls responded to within one business day in year 1 and 99% in subsequent years
		If only an interim response is provided, CS will follow up every three (3) until resolution.				Remaining calls are responded to within 2 business days. No deviation.
4.1, 4.3	Provide courteous CS.	No customer Complaints are made to the contracting representative.	No more than 1 complaint per month received.	Contracting representative will receive and evaluate complaints	N/A	

Measurement using the Performance Requirements Summary will commence on the first day

after the transition period concludes with the exception of the Performance Requirements for the transition.

Delivery Address

Deliverables shall be submitted to the Project Manager and contracting representative electronically.

Method of Delivery

Electronic copies shall be delivered using Microsoft Office and Adobe PDF suite of tools (for example, MS WORD, MS EXCEL, MS POWERPOINT, MS PROJECT, or MS ACCESS format), unless otherwise specified by the contracting representative/designee. Electronic submission shall be made via email, unless otherwise agreed to by the contracting representative/designee.

Leon County Acceptance Period

The contracting representative/designee will have ten business days to review deliverables and make comments as needed. The contracting representative/designee will notify Heritage in writing if an extension of this timeframe is needed by Leon County. The contracting representative/designee will have the right to reject or require correction of any deficiencies found in the deliverables that conflict with information contained in Heritage's accepted proposal. If a deliverable is rejected, Heritage will be notified in writing by the contracting representative/designee of the specific reasons for rejection. Unless otherwise specified in the PWS, Heritage shall have five business days to correct the rejected deliverable and return it per delivery instructions.

8.0 INSPECTION AND ACCEPTANCE

The County has the right to perform periodic surveillance of Heritage to ensure that Heritage's work products and quality control processes are in compliance with the contract requirements. The County and Heritage will coordinate County surveillance in a manner that will not unduly delay or disrupt Heritage's performance of the contract.

9.0 PERIOD OF PERFORMANCE

Anticipated Contract Effective Date: August 1, 2021
Anticipated Start of Full Performance: October 1, 2021

10.0 PLACE OF PERFORMANCE

Leon County, Florida

11.0 GOVERNMENT FURNISHED PROPERTY AND INFORMATION (GFP/GFI)

Leon County will provide Heritage with the following information upon contract award:

- List of current medical providers (See Objective 1)
- Historical data and data files of prior Leon County medical claims activity (See Objective 2.14)

12.0 KEY PERSONNEL

Heritage shall employ and maintain personnel in the management and key staff positions who meet the minimum requirements for each of the skill levels to which they are assigned, and shall be capable of performing the functions described in a competent and professional manner.

Contract Program Manager: Heritage will identify a dedicated Contract Program Manager (CPM) who will be responsible for the performance of all work under this contract. The CPM will be readily accessible during normal business hours to Leon County staff via cell phone, email, etc., (provided by Heritage) and have full authority to act for Heritage on all contract matters relating to the daily operation of this contract. Heritage will also designate an Alternate Contract Program Manager (ACPM), and it will be the responsibility of the CPM to notify Leon County when the ACPM will be the primary point of contact.

Heritage will provide prompt written notification of the above information and any changes to personnel or contact numbers as they occur.

Heritage agrees that no Key Personnel substitutions or additions will be made unless necessitated by compelling reasons including, but not limited to, illness, death, maternity leave, or termination of employment. In such event, Heritage must promptly provide the information required below to the contracting representative for approval prior to any substitution or addition of Key Personnel. Proposed substitutions must have qualifications that meet or exceed the qualifications of the persons replaced.

Request for Key Personnel changes must provide a detailed explanation of the circumstances necessitating the proposed substitutions or additions, a complete resume for the person to be substituted or added, and any other information requested by the CONTRACTING REPRESENTATIVE.

13.0 CONTRACTING REPRESENTATIVE

The CONTRACTING REPRESENTATIVE is identified below:

(Risk Management Director, Leon County 2825 Municipal Way, Tallahassee FL, 32304 (850) 606-3300, e-mail address of the CONTRACTING REPRESENTATIVE to be inserted upon award)

The CONTRACTING REPRESENTATIVE monitors all technical aspects of the contract and assists in contract administration. The CONTRACTING REPRESENTATIVE is authorized to perform the following functions:

- 13.1.1 Assure that Heritage performs the technical requirements of the contract.
- 13.1.2 Perform inspections necessary in connection with contract performance.
- 13.1.3 Maintain written and oral communications with Heritage concerning technical aspects of the contract.

- 13.1.3 Issue written interpretations of technical requirements to the Contracting Officer, including Government drawings, designs, and specifications.
- 13.1.4 Monitor Heritage's performance and notify Heritage of any deficiencies.
- 13.1.5 Coordinate availability of government furnished property and provide site entry of Heritage personnel.

A letter of designation issued to the CONTRACTING REPRESENTATIVE, a copy of which is sent to Heritage, states the responsibilities and limitations of the CONTRACTING REPRESENTATIVE, especially with regard to changes in cost or price, estimates or changes in delivery dates. The CONTRACTING REPRESENTATIVE is not authorized to change any of the terms and conditions of the resulting contract or order.

14.0 LEON COUNTY AUDIT REQUIREMENTS

The Leon County or their selected contract auditor may conduct an audit, at the expense of the Government, at any time, upon 30 calendar days written notification, of Contractor compliance with the terms and conditions of the contract. If the audit results reveal any deficiencies, Heritage in accordance with the terms and conditions of the contract will make contracting corrections/modifications.

An annual audit with an emphasis on financial transactions, reporting, and testing may be performed at the discretion of the Government, at the expense of the Government. This audit will be performed in accordance with current Generally Accepted Accounting Principles and Government Auditing Standards by an Auditor to be approved by Leon County. The Auditor will report to Leon County and be independent of Heritage and/or any sub-Contractor on the project.

15.0 SUBCONTRACTING

Heritage will *not* subcontract after award for the performance of any services under this agreement without the prior written consent of Leon County. Every subcontract between Heritage and a Sub-Contractor will comply with all applicable federal and state laws and be consistent with all terms and conditions of this contract. Heritage is responsible for monitoring and ensuring acceptable performance of any approved Sub Contractors. Prior to approval of a Sub Contractor, Heritage will submit to Leon County adequate documentation to support the selection of a proposed subcontract (e.g. company information, staffing expertise and training, prior experience in work similar to that required by this contract, past performance, etc.).

Attachment A

(insert facilities here)

Attachment B

(List of all medical providers that have treated Leon County inmates in the last 3 years.)

Exhibit B

COST SHEET

Annual Fee for Third Party Administrative Services:

\$40 per claim

Claims will be processed at 195% of Medicare allowed rates.

Leon County

2825 Municipal Way
Tallahassee, Florida 32304
Phone: (850) 606-3300
www.leoncountysoc.com

EXHIBIT C

Board of County Commissioners

REIMBURSABLE COST SCHEDULE

- 1. **Reproduction Cost**
 - A. **Regular Copying** Single Side Double Sided
 - 8 ½ x 11 (black & white)..... \$ \$
 - 8 ½ x 11 (color)..... \$ \$
 - 8 ½ x 14 (black & white)..... \$ \$
 - 8 ½ x 14 (color)..... \$ \$.
 - 11 x 17 (black & white)..... \$ \$
 - 11 x 17 (color)..... \$ \$
 - 9 ½ x 24 Single Side Only \$
 - 17 x 22 Single Side Only \$
 - 18 x 24 Single Side Only \$
 - 24 x 36 Single Side Only \$
 - 30 x 30 Single Side Only \$
 - 32 x 34 Single Side Only \$
 - Other sizes-per square inch \$
 - Compact Digital Disk..... \$
 - B. **Blueprint Copy**..... \$ /page
- 2. **Subcontractor Services** Actual Costs
- 3. **Special Consultants** Actual costs
- 4. **Computer Services** Non-reimbursable
- 5. **Travel Expenses** In accordance with Chapter 112.061, F.S.;
and further defined in the Leon County Employee Handbook.
- 6. **Postage, Fed Express, UPS** Actual Costs
- 7. **Pre-approved Equipment** Actual Costs
(includes purchase and rental of equipment used in project)

Exhibit D

Implementation Plan 8/1/2021 – 10/1/2021

- 1) **Complete Contract Agreement with County**
- 2) **Obtain Reporting Samples and Prepare New Reporting as Needed**
 - Ensure that we are providing any and all reporting as expected
 - Set up new reporting parameters as necessary
 - Samples to include any current Claim Analysis Reporting, Utilization Reporting, Annual Accounting Reports
- 3) **Utilization Management**
 - Obtain UM/CM process from Corizon (if different from other Counties)
 - Determine if we can obtain an electronic feed of Authorizations to match up with claims process
- 4) **Eligibility**
 - Identify county individual to set up daily eligibility data reports
 - Test reporting functionality prior to 10/1/2021
- 5) **Network Development**
 - Obtain list of current network providers
 - Design Network around current providers and re negotiate any contracts that are outside of budgeted reimbursement
 - Send out formal notification to all network providers of effective date with claims address and electronic claims ID
- 6) **Internal**
 - Weekly implementation meeting to meet all expectations and goals