

AGREEMENT NUMBER: 197714A

IN WITNESS WHEREOF, the parties hereto have signed this **AGREEMENT** on the date below indicated.

FOR THE COUNTY OF ALLEGHENY:

DocuSigned by:
By: William McKinn
07CED7125D6E474...

Date 9/5/2018

County Manager

DocuSigned by:
By: Frank Alessio III
7428EB9E8EB2459...

Date 9/4/2018

Chief Purchasing Officer

Approved as to Form:

DocuSigned by:
By: Andrew Szefi
385E25DD3DF643B...

Date 9/4/2018

County Solicitor

DocuSigned by:
By: Allan J. Opsitnick
DC9A16281A39440...

Date 8/31/2018

Assistant County Solicitor

FOR THE SUPPLIER:

DocuSigned by:
By: Byron P. Harrison
3CBEB5D17BB74FB...

Date 8/30/2018

Name: Byron P. Harrison

Title: Director of Information System

SPECIFICATION# 7842
SUPPLIER: NaphCare Inc
VENDOR NUMBER: 2303855
CONTRACT # 197714



This amendment is for an Agreement that is:

- Paid by Voucher (OU)
- Paid by Voucher (OS)
- Revenue-Generating (OJ)
- Paid via Purchase Order (Item Master/PI)
 - 99999 Line
 - Item Numbers Assigned (See Contract Document)



REQUEST FOR EXECUTIVE ACTION
EA Title:7842 - Jail Elec Health Records - Amend 1
Originating Department:Administrative Services

Run Date:08/06/2018

Page 1 of 1

SEE DEPARTMENT AUTHORIZATION PAGE**Contact:** Frank Alessio **Ext:**4123506918**Est Cost:** \$82,000.00**Date Submitted By Agency:** 07/30/2018**Est Revenue:****Date Approved:** 07/31/2018**County Match:****Future Impact:**

Account coding provided on JDE Contract Form

Included In Budget: Yes **For:** Operating**Summary:**

Approval be granted to amend Contract 197714 with NaphCare, Inc., issued under Specification 7842, Request for Proposals for Jail Electronic Health Records to include additional automated services now available from the vendor.

Explanation:

It is requested by Frank Alessio III, Deputy Chief Purchasing Officer, upon recommendation of David Siford, Finance Manager, Jail, that approval be granted to amend Contract 197714 with NaphCare, Inc., issued under Specification 7842, Request for Proposals for Jail Electronic Health Records.

The amendment shall incorporate NaphCare's new partnership with SureScripts Medication History for Reconciliation Service to improve medication history for Jail Health services.

Total cost of the additional services shall be approximately \$82,000 over the remaining life of the contract, a total increase of slightly less than 3.5% of the awarded amount.

All other terms and conditions of the original agreement shall remain unchanged and in full effect.

The contract was awarded via Executive Action 7142-16, approved on December 21, 2016, and amended by Executive Action 7147-16, approved on December 22, 2016.

| # No. | Vendor | Project # | Contract Start date | Contract End Date | Ag # | Previous \$ | Change \$ | Amount \$ | Fee |
|-------|----------|-----------|---------------------|-------------------|--------|--------------|-----------|--------------|-----|
| 1 | NaphCare | | 01/02/2017 | 01/02/2022 | 197714 | 2,400,000.00 | 82,000.00 | 2,482,000.00 | NO |

| Department | Department Director | Backup | Authorized | Department Authorized Date |
|-------------------------|---------------------|--------|---------------------------------------|----------------------------|
| Administrative Services | Ellen Allen | | Yes - Approved by Department Director | Jul 30, 2018 1:55:08 PM |

CC: Controller
 Law Department
 Budget & Finance

 Approved as Submitted

 Denied

 Certified and Sealed : **Electronically Approved**

William McKain
 County Manager

07/31/2018
 Date



CONTRACT FORM
COUNTY OF ALLEGHENY

Christopher Pipinou _____

OU # 197714

Prepared by _____

OS # _____

(412) 350-4248

OF # _____

Phone Number

Department Div. of Purchasing and Supplies

Vendor NaphCare Inc. **Vendor #** 2303855

Funder # _____
 (if revenue)

Year 2018

Executive Action No. 6391-18

| | COST CENTER/JOB NUMBER | OBJECT/ACCOUNT # | SUBSIDIARY/COST CODE | AMOUNT |
|----------------|------------------------|------------------|----------------------|-------------|
| 1 | 304301 | 63010 | | \$82,000.00 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| Contract Total | | | | \$82,000.00 |

| CONTROLLER'S OFFICE USE ONLY | |
|------------------------------|--|
| CONTRACTS SECTION | |
| AGREEMENT NO. | |
| BOX NUMBER | |

| CONTROLLER'S OFFICE USE ONLY | |
|------------------------------|--|
| CONTRACTS SECTION | |
| RECEIVED | |
| APPROVED | |
| POSTED | |

Specification #7842
MODIFICATION TO CONTRACT #197714

THIS MODIFICATION TO CONTRACT #197714 in accordance with Allegheny County Executive Action 6391-18 is entered into as of this the 3rd of August, 2018 by and between NAPHCARE, INC. ("SUPPLIER") and the COUNTY OF ALLEGHENY ("COUNTY").

WHEREAS, SUPPLIER agreed to provide certain products and related services and was awarded a contract for same via Executive Action 7142-16; and

WHEREAS, SUPPLIER and the COUNTY desire to ratify and confirm the terms of Contract #197714 as modified hereby on behalf of SUPPLIER; and

NOW, THEREFORE, SUPPLIER and the COUNTY hereby agree as follows:

Modification. Contract #197714 is modified as follows:

SUPPLIER shall provide the SureScripts Medication History for Reconciliation Service, as described in the attached Exhibit A.

SUPPLIER shall waive the implementation fee of \$6,000.00 described in Exhibit A.

A "result" shall consist of only if and when SureScripts positively identifies/matches a queried patient and either (a) returns a list of medications it is aware of in the past twelve (12) months or (b) confirms there are no medications listed for said patient within the past (12) months.

If SureScripts can not positively identify the patient or has no records whatsoever, it shall not be counted as a chargeable result.

Total additional costs shall not exceed eighty-two thousand dollars (\$82,000.00) without further amendment executed by both parties.

All other terms and conditions of the original agreement shall remain unchanged and in full effect.

IN WITNESS WHEREOF, the parties hereto through their duly authorized officers have executed this Agreement as of the date first written above.

(Remainder of page left blank. Signatures to follow via DocuSign on separate page.)



Automated Medication Reconciliation Services



The TechCare® System now supports the SureScripts® Medication History for Reconciliation Service. This service aggregates and delivers accurate medication histories into the correctional care workflow, informing reconciliation efforts increasing patient stability and workflow efficiency. Using the SureScripts National Database of medication history collected from PBMs, HIEs, and filling pharmacies, TechCare® users are able to see the past 12 months of a patient's medication history, within a matter of seconds.

How it Works

Access to the reconciliation process can be accomplished in two ways including: Using the Medication Reconciliation Tab in the TechCare® Dashboard or loading a patient's chart in TechCare® and selecting the Drug Order button. In both methods, a Reconcile button is made available which will initiate communication to the SureScripts database

and display, within a matter of seconds, results for that patient. The information can then be saved to the patient's chart or an order can be placed using a side-by-side view.

The screenshot shows the 'Drug Order Entry - Smith, Test Patient' window. The 'Drug Category' is set to 'All'. The 'Drug Name' is 'Digitek Oral'. The order details include: QTY 1, Strength 250 MCG Tablet, Start Date 05/17/2018, Days 30, Route Oral, Sig BID (twice a day), Refills, and Dispense 60. The 'Additional Information' section includes 'crush' and 'Script, QA'. The 'Sig Times' section shows '0900' selected. The 'MAR View' shows 'Digitek Oral 250 MCG Tablet' and 'Take 260 mcg by mouth twice a day for 30 day(s). Dispense 60 tablet. Script, QA DO 5/17/2018 thru 6/15/2018'. The 'Reconcile' button is highlighted with a yellow arrow. The reconciliation results window shows the patient ID '7452125492 TEST' and a list of medication history details including drug description, product code, quantity, and pharmacy information.

Considerations

- Only charged if a match is returned
- Completely integrated solution
- Supported solely by TechCare® Team
- Customized to your workflows
- Access controlled by TechCare permissions

Pricing

NaphCare provides this integration with an initial implementation fee and a standard monthly cost (which includes support and an initial pool of requests/results each month). Any request with valid results beyond the pool are provided on a "per-transaction" cost. Initial implementation includes integration into your custom TechCare® environment and adapting the process to your workflows including updates to the JMS/OMS interface if needed.

1-time Implementation Fee: \$6,000 Monthly Cost: \$750 (incl. 250 results) Per-Result Cost >250: \$2.00

Implementations will begin in September of 2018 with expected 60 day implementation timelines. If interested, please contact us now to start the agreement process so we can implement at the first available opportunity.

Certificate Of Completion

Envelope Id: 46B2F427D05C42468E2C2EDD52911F17

Status: Sent

Subject: ADM NAPHCARE INC 6391-18 RFP7842 A

Source Envelope:

Document Pages: 6

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

Christopher Pipinou

AutoNav: Enabled

542 Forbes Ave

Envelopeld Stamping: Enabled

Room 621

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Pittsburgh, PA 15219

Christopher.Pipinou@AlleghenyCounty.US

IP Address: 10.103.101.11

Record Tracking

Status: Original

Holder: Christopher Pipinou

Location: DocuSign

8/20/2018 3:01:52 PM

Christopher.Pipinou@AlleghenyCounty.US

Signer Events

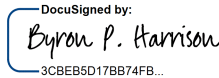
Byron P. Harrison

byron.harrison@naphcare.com

Director of Information Systems

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:

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Signature Adoption: Pre-selected Style
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Electronic Record and Signature Disclosure:

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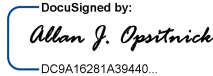
Allan J. Opsitnick

aopsitnick@opsitnickslaw.com

Carahsoft obo County of Allegheny*

Signing Group: ADM ASST Solicitors

Security Level: Email, Account Authentication
(None)

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Viewed: 8/31/2018 3:34:42 PM

Signed: 8/31/2018 5:34:20 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign


Frank Alessio III

Frank.Alessio@AlleghenyCounty.US

Carahsoft obo County of Allegheny*

Signing Group: Chief Purchasing Officer

Security Level: Email, Account Authentication
(None)

DocuSigned by:

 7428EB9E8EB2459...

Signature Adoption: Pre-selected Style
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Signed: 9/4/2018 9:24:50 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Christopher Pipinou

Christopher.Pipinou@AlleghenyCounty.US

Contract Administrator

Carahsoft obo County of Allegheny*

Signing Group: ADM Reviewer

Security Level: Email, Account Authentication
(None)

Completed

Using IP Address: 199.224.16.12

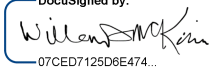
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Signed: 9/4/2018 9:54:01 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

| Signer Events | Signature | Timestamp |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <p>Louis Weyand louis.weyand@alleghenycounty.us Allegheny County Signing Group: Law Admin Review Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p> | <p>Completed</p> <p>Using IP Address: 199.224.16.10</p> | <p>Sent: 9/4/2018 9:54:02 AM Viewed: 9/4/2018 10:51:56 AM Signed: 9/4/2018 10:51:58 AM</p> |
| <p>Andrew Szefi andrew.szefi@alleghenycounty.us Allegheny County Signing Group: Law Solicitor Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p> | <p><small>DocuSigned by:</small>  <small>385E25DD3DF643B...</small></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 199.224.16.12</p> | <p>Sent: 9/4/2018 10:52:00 AM Viewed: 9/4/2018 2:55:30 PM Signed: 9/4/2018 2:55:33 PM</p> |
| <p>Marie Weber marie.weber@alleghenycounty.us Allegheny County Signing Group: County Manager Admin Review Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 6/12/2017 2:53:55 PM ID: 9e043e83-f780-49b7-a33f-8a6b3ec0b5f1</p> | <p>Completed</p> <p>Using IP Address: 199.224.16.13</p> | <p>Sent: 9/4/2018 2:55:34 PM Viewed: 9/5/2018 8:48:07 AM Signed: 9/5/2018 8:48:47 AM</p> |
| <p>William McKain william.mckain@alleghenycounty.us County Manager Allegheny County Signing Group: County Manager Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p> | <p><small>DocuSigned by:</small>  <small>07CED7125D8E474...</small></p> <p>Signature Adoption: Drawn on Device Using IP Address: 199.224.16.12</p> | <p>Sent: 9/5/2018 8:48:49 AM Viewed: 9/5/2018 10:21:39 AM Signed: 9/5/2018 10:21:41 AM</p> |
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| <p>Carahsoft obo County of Allegheny* Signing Group: ADM Hold Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p> | | |
| In Person Signer Events | Signature | Timestamp |
| Editor Delivery Events | Status | Timestamp |
| Agent Delivery Events | Status | Timestamp |
| Intermediary Delivery Events | Status | Timestamp |
| Certified Delivery Events | Status | Timestamp |
| Carbon Copy Events | Status | Timestamp |

| Notary Events | Signature | Timestamp |
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| Envelope Summary Events | Status | Timestamps |
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| Payment Events | Status | Timestamps |
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| Electronic Record and Signature Disclosure |
|---------------------------------------------------|
|---------------------------------------------------|

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign "Withdraw Consent"™ form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures

electronically from us.

How to contact Carahsoft obo County of Allegheny*:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: donna.dineley@alleghenycounty.us

To advise Carahsoft obo County of Allegheny* of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at sarah.morgan@alleghenycounty.us and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to donna.dineley@alleghenycounty.us and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft obo County of Allegheny*

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to donna.dineley@alleghenycounty.us and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

| | |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operating Systems: | Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X |
| Browsers: | Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari®, 3.0 or above (Mac only) |
| PDF Reader: | Acrobat® or similar software may be required to view and print PDF files |
| Screen Resolution: | 800 x 600 minimum |
| Enabled Security Settings: | Allow per session cookies |

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the "I agree"™ button below.

By checking the "I agree"™ box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft obo County of Allegheny* as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft obo County of Allegheny* during the course of my relationship with you.