

**Bid Tabulation Packet
for
Solicitation GEN2120540P1**

In-House Pharmacy Management Services

Bid Designation: Public



Broward County Board of County Commissioners

Bid #GEN2120540P1 - In-House Pharmacy Management Services

Creation Date **Oct 30, 2019**


End Date **Jul 7, 2021 2:00:00 PM EDT**


Start Date **May 25, 2021 1:56:51 PM EDT**

Awarded Date **Not Yet Awarded**

GEN2120540P1-01-01 In-House Pharmacy Management Services					
Supplier	Unit Price	Qty/Unit	Total Price	Attch.	Docs
Anuco Rx	Alt 1 - \$40,678.35	1 / contract	\$40,678.35		Y
Product Code: Agency Notes:		Supplier Product Code: BARC-MILLS (OBOT) Supplier Notes:			
Advanced Pharmaceutical Consultants	First Offer - \$2,332,211.00	1 / contract	\$2,332,211.00	Y	Y
Product Code: Agency Notes:		Supplier Product Code: Supplier Notes: Price for 3 year initial term including one time and ongoing fees.			
Anuco Rx	First Offer - \$6,191,371.91	1 / contract	\$6,191,371.91	Y	Y
Product Code: Agency Notes:		Supplier Product Code: In-House Pharmacy Management Supplier Notes:			

Supplier Totals

f Anuco Rx		\$40,678.35
Bid Contact	Gina Jules info@anucorx.com Ph 888-498-1444 Fax 888-614-3890	Address 1560 Sawgrass Corporate Parkway, 4th Floor Sunrise, FL 33323
Qualifications	CBE SBE	
Agency Notes:	Supplier Notes:	Head Attch: 
Bid Allowance		\$18,000.00

f Advanced Pharmaceutical Consultants		\$2,332,211.00
Bid Contact	BRIAN BULFER bbulfer@apcpharm.com Ph 305-804-3784	Address 555 NE 15th Street suite 200 miami, FL 33132
Bid Notes	APC confirms that specific allocations of number of hours per staff position, may be adjusted favorably for BARC. These figures could not be adjusted on the cost sheet.	
Agency Notes:	Supplier Notes:	Head Attch: 
	APC confirms that specific allocations of number of hours per staff position, may be adjusted favorably for BARC. These figures could not be adjusted on the cost sheet.	
Bid Allowance		\$18,000.00

**

Anuco Rx

Bid Contact Qualifications	Gina Jules info@anucorx.com Ph 888-498-1444 Fax 888-614-3890 CBE SBE	Address 1560 Sawgrass Corporate Parkway, 4th Floor Sunrise, FL 33323
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Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
GEN2120540P1-01-01	In-House Pharmacy Management Services	Supplier Product Code: BARC-MILLS (OBOT)	Alt 1 - \$40,678.35	1 / contract	\$40,678.35	Y
		Supplier Product Code: In-House Pharmacy Management	First Offer - \$6,191,371.91	1 / contract	\$6,191,371.91	Y Y

Bid Allowance \$18,000.00

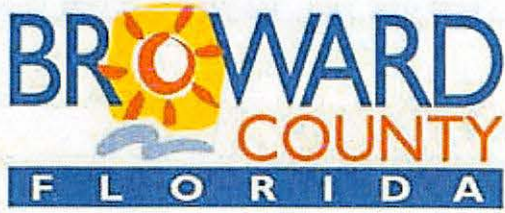
Supplier Total **\$40,678.35**

Anuco Rx

Item: **In-House Pharmacy Management Services**

Attachments

Anuco Rx -In-House Pharmacy Managment _RFP BID GEN2120540P1.pdf



Proposed by:

Broward County, FL
Broward Addiction Recovery Division
(BARC)

ATTN: Broward County Board of
County Commissioners

Due Date: July 7, 2021



Bid GEN2120540P1: In-House Pharmacy Management Services



Offered by:

Anuco Rx

60 Sawgrass Corporate Parkway, 4th Fl.
Ft. Lauderdale, FL 33323

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July 7, 2021

Broward County, FL
Broward Addiction Recovery Division (BARC)

Ref: In-House Pharmacy Management Services

Attention: Broward County Board of County Commissioners

We Deliver What We Promise-Honesty, Service, and Integrity

We are pleased to respond to **RFP BID# GEN2120540P1** to provide comprehensive in-house pharmacy/medication management services and consultative guidance to Broward County for individuals enrolled at three (3) of the substance abuse facilities operated by Broward Addiction Recovery Division (BARC). The corporate values of Anuco are founded upon caring and accuracy. We are a pharmacy management company, owned and operated by a pharmacist, it is core to our culture. We are proud of our industry wide reputation for integrity and continued commitment to excellence.

What distinguishes us from our competition is that our clinical pharmacists are healthcare partners, working with other medical professionals to achieve the optimal use of medication. Our goal is to create “a model pharmacy system” that ensures that every member of the client’s healthcare team is confident that their pharmacy program is accurate, accountable, cost efficient, easily accessible, manageable and exceeds industry standards for pharmaceutical quality.

All Anuco’s corporate clinical programs as outlined in this proposal are proven to decrease pharmaceutical expenditures, streamline pharmacy management and workflow. These services are fully aligned with quality improvement goals to provide a proactive team approach to identifying, managing, and producing improved care through an integrated model. Our comprehensive model includes a novel approach where resources are applied to get the most effective results for the County.

If given the opportunity to provide services to Broward County; Anuco guarantees a smooth transitional period based on our years of pharmacy experience as we begin services with your facilities. Anuco’s transitional system provides a start-up schedule, which covers the initial in-service of staff by a registered pharmacist, a time frame for all transitional activities, and resolution of identified problems.

Immediately after being awarded the contract, Anuco will coordinate with the County with a proposed implementation schedule for approval. Anuco will begin working on policy and procedures manuals, pharmacy equipment orders, consultation with pharmacy software and eMAR team and consultation with MSP Provider for initial review. We will work closely with your team on the startup schedule and comply with any time frame necessary to meet your needs.



We will work to become more than your Pharmacy Management Company we will work to become community partners to assist you in serving the Clients of Broward County. Our services and commitment aligns with the County's value to "consistently and effectively market and brand Broward County programs and services, locally and globally, through effective collaboration."

Through this partnership the County's positive works and efforts to improve the quality of life for all residents will continue to thrive because we are **Broward County**.

I look forward to hearing the results so we can get started!

Sincerely,

A handwritten signature in black ink, appearing to read "Gina Jules", with a long horizontal flourish extending to the right.

Gina Jules, PharmD, CPh., CCHP

Chief Executive Officer

gina.jules@anucorx.com

(O): (888)-498-1444, ext.2

(M): 954-309-8930



TABLE OF CONTENTS – TECHNICAL PROPOSAL

<i>Cover Sheet</i>	<i>i</i>
<i>Table of Contents</i>	<i>iii</i>
MANAGEMENT PLAN	1
EXECUTIVE SUMMARY	1-6
ORGANIZATION OVERVIEW	1
<i>Organization, Purpose and Mission</i>	<i>1</i>
SCOPE OF SERVICE	7-32
SECTION 1- BACKGROUND	6
SECTION 2- TECHNOLOGICAL REQUIREMENTS	7
<i>Pharmacy Equipment and Maintenance</i>	<i>8</i>
<i>Pharmacy Software/Licensing and Maintenance</i>	<i>12</i>
SECTION 3- PHARMACY PERSONNEL REQUIREMENTS	19
SECTION 4- CONSULTATION SERVICES: GENERAL	24
<i>Consultant Pharmacist</i>	<i>24</i>
Clinical Services	26
<i>Drug Regimen Review</i>	<i>26</i>
<i>Formulary Implementation and Management</i>	<i>26</i>
<i>Medication Disposal and Destruction</i>	<i>27</i>
<i>Pharmacy Information and Education</i>	<i>27</i>
<i>Quarterly P&T Meetings</i>	<i>28</i>
<i>Forecasting Pharmaceutical Services</i>	<i>28</i>
SECTION 5- CONSULTATION SERVICES: OFFICE BASED OPIOD TREATMENT	29
SECTION 6- STANDARDS OF SERVICE	30
SECTION 7- HOURS AND PROCESSING TIMES	31
SECTION 8- PERFORMANCE MEASURES AND OUTCOMES	32
COMPREHENSIVE COST PROPOSAL	33-37
EXHIBITS	38



TECHNICAL PROPOSAL

In-House Pharmacy Management Services

This proposal will document a convincing rationale describing how Anuco Rx (Anuco) will perform or fulfill all the requirements in detail.

Throughout this Technical Proposal, we want to demonstrate Anuco Rx's actual methodology and proposed approach for accomplishing and satisfying the performance or capability requirements of each technical factor.

MANAGEMENT PLAN

Broward County ("County") Broward Addiction Recovery Division ("BARC") is seeking a vendor to provide comprehensive in-house pharmacy/medication management services and consultative guidance to the County for individuals enrolled at three (3) of the substance abuse facilities operated by BARC within Broward County.

EXECUTIVE SUMMARY

ORGANIZATION OVERVIEW

Organization, Purpose, and Mission

Founded in 2016, Anuco Rx (Anuco) is a privately held corporation headquartered in Sunrise, Florida. Our pharmacist-led services focus on optimizing pharmacy/medication management to **improve outcomes** and **reduce cost**. Anuco, is a pharmacist owned and operated clinical pharmacy management company; certified as a woman owned business, minority business enterprise, and small business enterprise.

Since our inception in 2016, Anuco has built an exceptional record in providing quality, cost effective pharmacological consultancy in the healthcare industry. We have a strong, proven record of creating effective partnerships with our clients, assisting them by streamlining facilities and programs to create care coordination, clinical, regulatory and educational programs, while infusing clinical pharmacy services throughout the entire company. We have transformed expensive and ineffective systems into efficient operating models.

The corporate values of Anuco are founded upon **caring** and **accuracy**. We are a clinical pharmacy management company, owned and operated by pharmacists, it is core to our culture. What distinguishes us from our competition is that our clinical pharmacist are healthcare partners, working with other medical professionals to achieve the optimal use of medication. Our goal is to create "a model pharmacy system" that ensures that every member of our client's healthcare team is confident that their pharmacy program is accurate, accountable, cost efficient, easily accessible, manageable and exceeds industry standards for pharmaceutical quality.

We are proud of our industry wide reputation for integrity and continued commitment to excellence.

Anuco Rx Philosophy

Anuco employs three primary mechanisms in providing the most comprehensive pharmacy program:

- **Quality of Service-** Anuco employs an evidence-based approach that is outcome driven and designed to reduce costs. Our shared commitment is to provide our clients with high value, quality services by offering “best practice,” national standard guidelines for safe, cost effective and efficient services.
- **Communication** – Anuco recognizes that frequent and open communication is the foundation for a smooth-running operation and the key, not only to controlling costs, but also to reducing them. Anuco will communicate regularly with the Project Manager and/or representative, including an annual review, in which we present a comprehensive review of the program and highlight opportunities to maximize the pharmacy program.
- **Approach to Staffing** – Anuco’s staffing philosophy is that we best serve our clients by investing in qualified and exceptional staffing. Although this approach may result in a higher base contract, it has repeatedly been proven to improve therapeutic outcomes.

Proven History of Pharmacy Solutions

Operational Oversight

Anuco’s top priority is to provide appropriate comprehensive pharmacy support to our clients. Our corporate structure has been deliberately designed to emphasize clinical care as the primary focus of our operation. Our entire support structure, from Human Resources, Clinical/Pharmacy Operations Development and Management, Network Development and Management, Compliance and Regulatory all exist in support of providing the most appropriate, effective and efficient clinical care.

Our dedicated team of health care professionals supplement on-site and remote staff with specialized assistance in meeting contract objectives, organizing programs, solving problems, training staff, monitoring care, and evaluating programs.

Anuco has a proven history of implementing pharmacy solutions that improve outcomes and reduces costs. Anuco has responded in a myriad of ways including the following features and services tailored to meet your specific goals and objectives:

- **Active Program Management-** Anuco has extensive experience in pharmacy/medication management in both public and private facilities. Understanding each facility presents unique challenges we tailor our programs and initiatives to meet the specific needs of the client and the nuance of each. Anuco focuses on fully understanding the requirements of the contract and providing services that meet standards and often exceed expectations. We believe contract management is an essential component of ensuring compliance. A Program Manager will be assigned to ensure contract compliance and all deliverables are met.
- **Separation of Administrative and Clinical Program Management-** Each facet of the Anuco program is monitored and adjusted as needed to address the ongoing needs of the clients and facilities we serve. Anuco also understands the difference between the administrative and clinical role. We understand that different facilities require different policies, initiatives, strategies, and approaches. Anuco actively manages pharmacy services and responds in real time to onsite healthcare teams and concerns facing the facilities. To maximize the impact of our innovative and collaborative clinical role and contract compliance, Anuco assigns both an

Administrative Program Manager and Clinical Pharmacy Director. While these two positions are interdependent, each has a distinct role in managing the contract.

- **Administrative Program Manager-** The Administrative Program Manager is responsible for ensuring that Anuco is providing 100% compliance on the terms in the pharmacy services contract. We have experienced success with our clients by having an Anuco manager who is responsible for contract oversight. Understanding and meeting the needs of our clients is essential. We ensure that our communication is consistent and informative, as Anuco strives to exceed our clients' expectations.
- **Clinical Pharmacy Director-** The Clinical Pharmacy Director is fully dedicated to delivering clinical programs that *improve outcomes* and *reduces overall healthcare costs*.
- **Population Health Management (PHM)** – Anuco believes that PHM is a key concept in managed care. We take on a multifactorial approach which considers many different components of overall health, including socioeconomic status, behavioral health, and physical environment. This is an interdisciplinary effort, which involves the collaboration of physicians, pharmacists, nurses, mid-level practitioners, therapists, and social workers, among others.
- **Continuous Quality Improvement, Policy and Accreditation** –This department develops and coordinates company-wide quality improvement processes for performance improvement, clinical policies and procedures, assists the Clinical team and others in establishing standards of care with ongoing monitoring to assure compliance and supports our client in preparation for accreditation, reaccreditation and clinical program implementation.
- **Medical Affairs** –Oversees medical affairs and guides our quality management systems, establishing protocols and standards of care, consulting with physicians on medical practice issues, and supporting our program evaluation process.
- **Behavioral Health** – Our Behavioral Health is supported by a professional with experience in public and private sector of mental health, substance abuse, and detoxification.
- **Clinical Specialists** – The Clinical Operations Team includes clinical specialists in pharmacy, nursing and care management who support quality assurance, program startup, and policy and procedure compliance.
- **Clinical Pharmacists-** Our highly credentialed Doctor of Pharmacy team is responsible for performing an array of clinical services that focus on achieving optimal use of medications, emphasizing dosing, monitoring, identification of adverse effects, and economic efficiency to achieve optimal patient outcomes and cost savings. Our Clinical Pharmacists assists with the execution of numerous initiatives that improve the quality and cost effectiveness of drug therapy for our clients.
- **Medication Therapy Management Department:** This department provides essential drug information to clients and assist providers in selecting the most cost-effective drug therapy that will result in the best outcome.
- **Pharmacy and Therapeutics Committee:** Anuco plays an active and vital role in Pharmacy and Therapeutics (P&T) Committee meetings. The P&T meeting is a proactive forum established and tailored to ensure medication costs and utilization are appropriately managed. The P&T Committee is the primary formal link that establishes communications between health care practitioners, the pharmacy, and facilities regarding the use of medications. Anuco



provides the P&T Committee continual monitoring of medication use and applies pharmaco-economic principles in the development of a sound formulary with respect to the changing drug market, established clinical pathways and standards of care.

Organization and Staffing

Key Personnel – Corporate Leadership

Gina Jules, PharmD., CPh., CCHP ***Chief Executive Officer***

Dr. Jules is a Clinical Pharmacist who started her career in academics as an Assistant Professor of Pharmacy Practice, Drug Information Coordinator at the Lloyd L. Gregory School of Pharmacy at Palm Beach Atlantic University. She completed a post graduate ASHP-accredited residency program in Managed Care focusing on medication delivery and utilization with public and private sectors.

Since 2005, Dr. Jules has implemented company-wide clinical pharmacy programs and initiatives that focus on the cost-effective utilization of pharmaceuticals and quality of care. Her extensive professional experience gives her a strong background in medication utilization management, medication therapy management, cost initiative implementations, disease management, formulary management, educational in-services, clinical monitoring and algorithms, drug information, literature evaluations, drug monographs, client relations, patient care and quality assurance. Her experience gives her the ability to understand the importance of merging both clinical and financial outcomes in the care of patients.

Her professional experience affords her the knowledge and understanding of clinical and financial outcomes within health care systems'. She has served as chair of the Corporate Pharmacy and Therapeutics Committee, a member of a State Department of Corrections Pharmacy and Therapeutics, member of a Corporate Clinical Executive Committee, Risk Management Committee, Credentialing Committee and Policy and Procedures Committee alongside her colleagues to ensure quality patient care. As, CEO of Anuco Rx she is, focused on "Optimizing Medication Management" through pharmacist-led services.

She holds a Doctor of Pharmacy from the Florida A&M University College of Pharmacy & Pharmaceutical Sciences.

Tedra Scott, PharmD., Esq., ***Clinical Pharmacist, Regulatory and Compliance***

Dr. Tedra Scott is our Clinical Pharmacist who is responsible for overseeing regulatory compliance for the company. Her experience in the health care sector includes retail, long term care and hospital pharmacy. Her oversight includes the development of corporate competencies to ensure patient safety and exceptional customer care to our clients. Her primary responsibilities include the development of corporate policies, workflows and standard operating procedures to ensure that the company is operating in accordance with the standards set by professional health care regulatory agencies. Dr. Scott has over fifteen years of experience in the healthcare sector as a practicing pharmacist and 10

years as a barred attorney. Dr. Scott's experiences includes being an active member of a health care system's investigational review board and participation on a Pharmacy and Therapeutic Committee.

She holds a Doctor of Pharmacy from the Florida A&M University College of Pharmacy & Pharmaceutical Sciences and a Juris Doctor degree from the University of Baltimore School of Law.

Patricia Walker, PharmD., MS

Clinical Pharmacist, Population Health and Outcomes

Dr. Patricia Walker earned her Doctor of Pharmacy degree in 2017 from Florida A&M University College of Pharmacy & Pharmaceutical Sciences. Upon graduation, she completed a two-year Managed Care Fellowship with Know Your Rx Coalition (KYRx). Along with a team of other pharmacists, she helped employers of health care, non-profit higher education and the public sector to save money on the prescription benefits they provide to their employees and retirees. She gained extensive knowledge and experience related to the effective clinical management of prescription benefits, resulting in improved health outcomes and financial savings. Dr. Walker was hired on staff as a Clinical Pharmacist with KYRx upon completion of her fellowship program.

In addition to her fellowship experience, she also earned her Master of Science in Pharmaceutical Sciences from the Institute of Pharmaceutical Outcomes and Policy at the University of Kentucky College of Pharmacy. She gained skills to help translate science into policy through research and outreach targeting safe and effective use of medications. Dr. Walker joined the Anuco Rx team in 2021 as a Clinical Pharmacist. She utilizes her prescription benefit experience as well as her outcomes and policy education to help execute health initiatives and contribute to the development of outcome-driven programs for Anuco Rx clients.

Dr. Walker enjoys being involved in the implementation of cost-effective measures to achieve the most optimal patient health outcomes. Her passions away from work include caring for her dog, and spending time with family and friends.

Michaelange Tanis, PharmD., CPh

Regional Consultant Pharmacist

Dr. Michaelange Tanis, originally from Pompano Beach, FL, began his academic career at Florida Agricultural and Mechanical University in Tallahassee, FL, in the Fall of 1998, where he received a Doctor of Pharmacy degree in the spring of 2005. Dr. Tanis joined the Anuco team, in 2017 and have played a pivotal role in the Clinical Department. He is responsible for overseeing pharmacy audits and inspections for the company. As a pharmacist for the past sixteen years and a consultant pharmacist for four years. Dr. Tanis has worked as a community, hospital, and consultant pharmacist. He has had the honor of participating in many community health fair events and middle/high school career fairs representing major retail chains and national Non-Governmental Organizations. Dr. Tanis has a passion for music, healthcare, and community service, and he is committed to using his knowledge, skills, and energy to better those with whom he comes in contact. He currently lives in Pembroke Pines, FL, where he and his wife Valerie have three of their own (one of which is adopted and is of the canine species). Mike believes in the power of learning and loves to share with and serve his community to uplift those that would benefit from what he has to offer.

Dr. Ericka Cheriska
Director of Clinical Services (Medical)

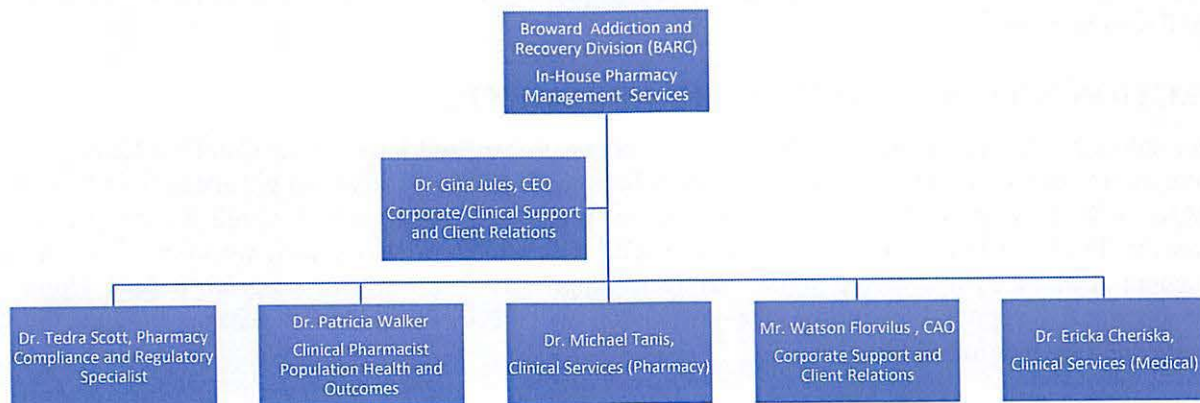
Dr. Ericka Cheriska currently serves as the Director of Clinical Services at ANUCO RX, where she devises strategies for the clinical department and oversees the delivery of all clinical services and operations. Dr. Cheriska's patience and attention to detail, in addition to years of clinical experience, fuels her passion for improving patients' health outcomes. Dr. Cheriska is a certified House Physician with a Doctor of Medicine from the University of Science, Arts & Technology, an M.S. in Biochemistry from California State University. In her spare time, Dr. Cheriska enjoys volunteering, and spending time with family. She is conversant in Haitian Creole, French, and Spanish.

Watson Florvilus, MBA
Chief Administration Officer

Watson Florvilus currently serves Anuco Rx as its Chief Administrative Officer, where he provides oversight to finance, business development, human resources and overall administrative operations. Watson has over 13 years' leadership experience, earning varying levels of responsibility within the private and public sectors. He has been an active advisor within the leadership team since the founding of the company. He is passionate about utilizing his unique perspective to solve complex issues. Watson attained an MBA, with a concentration in Entrepreneurship from Nova Southeastern University.

Organizational Structure

Anuco has provided an overview of our organization in the above narrative. This information provides a detailed explanation of the services provided by Anuco and our core competencies. Our proposed corporate staffing organization structure is delineated below in our *Organizational Chart*.



SCOPE OF SERVICES

SECTION 1- BACKGROUND

1.1.1-1.2.4

Anuco Rx (Anuco) is a full-service pharmacy management company and has the ability and the resources to provide comprehensive in-house pharmacy management services and consultative guidance to Broward County in support of the three (3) substance abuse facilities operated by Broward Addiction Recovery Division (“BARC”). Anuco can comply with each section contained therein for RFP BID# GEN2120540P1 **Scope of Services In-House Pharmacy Management Services.**

Anuco proposes to provide comprehensive In-House Pharmacy Management Services for:

- **Location I: BARC Central:** 325 SW 28th Street, Fort Lauderdale, FL 33315
 - Medication-Assisted Treatment (“MAT”) and Intensive Outpatient Services
 - Acute Detox
 - Fifty (50) beds detoxification facility (capacity of 54 beds)
- **Location II: BARC Booher:** 3275 NW 99th Way, Coral Springs, FL 33068
 - Medication-Assisted Treatment (“MAT”) and Residential services with Beds split between a “male” side and “female” side
 - Ninety-two (92) bed residential facility (capacity of 94 beds)
- **Location III: BARC Mills:** 900 NW 31st Avenue, Suite 2000, Fort Lauderdale, FL 33311
 - Outpatient Services
 - Serving approximately 80-100 clients monthly

Anuco will utilize the full resources of the company and leverage resources of company partners to provide individualize services to each facility. The services will include comprehensive oversight for program management and operations. Anuco clinical operations will include a State Florida licensed pharmacist, a registered licensed pharmacy technician, and a licensed pharmacist consultant in pharmacy operations. Anuco will ensure that all pharmacy operations and prescribed medications to each client is appropriate, accurately ordered, and dispensed in compliance with all federal, state, and local requirements.

SECTION 2- TECHNOLOGICAL REQUIREMENTS

Our solution is to streamline workflow, increase access to care and increase the County’s Return on Investment (ROI) through increased integration between BARC solutions and enhanced workflows, BARC will see improved medication management processes. Specifically, through the integration between ECHO (EHR) and Fusion (PMS), BARC will achieve a streamlined workflow from the moment of Medication Ordering to the Pharmacist Approval Workflow (*See Diagram Below*). Upon the pharmacist approval workflow, the medication will be available for dispensing through the Automated Dispensing Machine.



Figure 1: Integration Workflow

2.1 Pharmacy Equipment and Maintenance

Anuco is proposing the *NEXSYSADC Automated Dispensing Cabinets (ADC) also known as Automated Dispensing Machines (ADM)* provided by *Capsa Healthcare*. Capsa Healthcare (Capsa) has been a pioneer in the health IT, medication management, and pharmacy automation industries for more than 50 years. Capsa views security with the utmost importance and is *ISO 27001 Information Security Certified and meet all HIPPA and ISMP Guidelines for ADC*. All data contained within the NEXSYS system is encrypted prior to inserting into the database. The web portal utilizes a token-based authentication and does use cookies in the header but does not reuse cookies at any time and does not require any special plugins or browser configurations. All passwords are hashed by Microsoft Identity Manager and credentials are not embedded into the URL at any time.

NEXSYSADC was designed to provide the dispensing experience at a price point that clinic can afford, without compromising desired and required functionality. NEXSYS provides tracking and tracing of all activities performed at the cabinet. The NEXSYS cabinet is customized for each location based on a medication list provided by the facility, containing the medication name, size, strength, and quantity for the items that are to be contained in the NEXSYS Cabinet.

All Cabinets can be configured with the following choice of dispensing types:

- **Controlled Access Module (CAM)** - Controlled and high-value medications are safely guarded in CAMs, with 12 unique configuration choices to accommodate different medication sizes and quantities. Each CAM can hold up to 25 SKUs in individual locking cells. NEXSYSADC stores all controlled substance, expensive medications and medications that are often deviated inside a lock, lidded, single access CAMs. *The NEXSYSADC requires two forms of identification to log into the system to access the medications.*
- **Open Cell Medication Bins** - Routine meds and non-controlled doses are efficiently managed in dividable open-matrix bins. Even here, guided prompts direct the nurse to the bin and med location. Bins can be set up to accommodate a wide variety of package types and sizes.
- **Supply Drawers** - Bulk supplies and larger items are stowed neatly in dividable supply drawers. Drawers are available in three depths and each drawer can be configured to hold 1-16 SKU's. Drawers unlock, and an illuminated prompt guides the nurse to the proper location.

2.2

Anuco has included all pricing for equipment, maintenance, and support. *See Pricing Worksheet*

2.3-2.4

Anuco will provide the County with 24-hour, on-call support for all equipment, computer hardware, and software systems through the *NexsysADC 24/7 Worry Free Support, Fusion Pharmacy Management Solutions (PMS) and Server, Network & PC provider with GiaSpace.*

- **Pharmacy Equipment: NEXSYSADC**
 - NexsysADC dedicated team will be onsite to provide training and implementation for staff. In addition, Anuco will identify a local “Training Champion” to provide continuous support and training for County Staff. County staff will have access to the following:
 - **NEXSYSADC Support Call Center**
 - A trained support staff team member will answer the phone from a dedicated NEXSYSADC support number to assist with questions or issues
 - A support ticket number will be assigned to easily track the case
 - **NEXSYSADC Onsite Service**
 - Trained Technicians within the area to meet response times
 - In House Biomed Training if desired
 - **NEXSYSADC Hardware Parts**
 - NEXSYSADC parts are warehoused in the area to meet response times
- **Pharmacy Software Systems: Fusion Pharmacy Management Solutions (PMS)**
 - Fusion provides 24x7x365 U.S. based support.
- **Server, Network and PC Support: GiaSpace**
 - GiaSpace provides 24x7x365 U.S. based support

2.5

In the event of a catastrophic or other failure involving all computer hardware, hard drives, and any possession Anuco shall immediately turn over all impacted devices to the County.

2.6

Anuco will ensure that the automated pharmacy system is under the supervision of license Florida pharmacist. The pharmacist will be available for the initial ADM load, dispensing of patient-specific medications, pre-pack medications, and visit the BARC facilities should the need arise or as agreed upon by the BARC facilities.

2.7-2.7.13

The NEXSYSADC, is an automated dispensing cabinet/machine like the brand Pyxis. It offers the following features and software:

2.7.1

NEXSYSADC has the functionality and flexibility to store all different shapes, sizes, and quantities of medications.

2.7.2

NEXSYSADC offers two different software platforms for dispensing medications.

- **Picklist-** After selecting a patient’s name, all the medications that are stocked within the NexsysADC will be displayed in alphabetical order and are searchable. This platform is utilized

for Electronic E-Kit for dispensing items such as first doses, stat doses and or one time dispenses.

- **Profiling-** Via the HL7 Interface, the orders are entered and cross over to the NEXSYSADC dispensing screen, showing the prescribed patient specific orders. In the case of a first dose, once the order is entered, it will cross over to the NEXSYSADC patient dispensing screen. There is also an option, depending on your policy and procedure where a list of medications has been approved that can be taken out through the software override feature.

2.7.3

The NEXSYSADC software is extremely intuitive for the user to learn. There are step by step bullet points displayed on each screen assisting the user on the specific screen they are working on. NEXSYSADC uses **both** pick to light technology and onscreen cabinet position indicators to assist the user in quickly accessing the **correct medication**. Once medication is obtained, the user scans the medication to verify that the correct medication is in hand.

2.7.4

NEXSYSADC is a cloud-based software that tracks and traces everything from the time the user logs in until the time the user logs out. In addition, this feature is **maximized** through the ADM Integration with Fusion PMS (pharmacy software). Fusion PMS has full inventory functionality including review, tracking, and reporting. Inventory can be tracked by singular pharmacy with shipping out confirmation as well as receiving confirmations. Bar-code scanning integration allows for the quick input of inventory levels with automatic adjustment as inventory is ordered and depleted. This real-time inventory control will be tracked 24/7 as medications are withdrawn or replenished. Automatic refill triggers can be configured pharmacist review as well prior to sending. **Providing 24/7 inventory tracking down to the patient level.**

2.7.5

Date, time, site, employee, item number, description, client name, and client number are recorded on reports within the NEXSYSADC Online Portal. Users who need to access this information, can be given access rights to login to the portal and access or schedule needed reports.

2.7.6

Anuco reviewed the current drug formulary list and provided examples with formulary medications inside the NEXSYSADC MAIN and NEXSYSADC 4T COUNTERTOPS CABINETS configurations. **[SEE EXHIBIT F]**

2.7.7

Medications can be placed/identified within the different medication's schedules/classes. Users can be limited to which schedules/classes they can dispense. Patient allergies are displayed on the screen for verification. When utilizing the patient profile software, the orders will be reviewed by a pharmacist prior to the medication being available for dispense to the patient. **Look alike and sound alike medications can be stored in separate locations away from each other.** In addition, NEXSYSADC

uses barcode technology to verify the correct medication was picked for the correct patient.

This feature is enhanced through the ADM Integration with Fusion PMS (pharmacy software). Through Fusion's built-in integration to MediSpan, Fusion offers safety enhancements to help prevent medication errors and adverse drug events such as:

- Medication/Medication
- Medication/Food
- Medication/Allergy
- Medication/Diagnosis (including pregnancy)

2.7.8

Through the NEXSYSADC portal all the mentioned can be accomplished:

- All admin functions
- Reporting
- Organization structure
- Remote management (OTA, Password reset, Deployment templates)
- Manage all NexsysADC cabinets from one central place

2.7.9

Web access are accomplished through the NEXSYSADC Online Portal and can be accessed by any web browsing device provided the user has rights to view the information.

2.7.10-2.7.11

The NEXSYSADC is scalable and new devices and interfaces can be added if the need arises via HL7 or API with Health Information Technology. Through the Fusion PMS (pharmacy software) integration a robust reporting capability is enhanced through this platform. The solution offers over 200 pre-defined reports. Each report built into the solution includes multiple fields for users to search. Although, it is not a typical Ad-Hoc report writer, Fusion's pre-built reporting section allows users to report on an excess of data entered into the pharmacy management solution.

2.7.12

The NEXSYSADC system with function in the offline mode when internet connection maybe disrupted. NEXSYSADC also includes an *UPS (Uninterrupted Power Supply)* that will assist during a power outage.

2.7.13

NEXSYSADC stores all controlled substance, expensive medications and medications that are often deviated inside of our lock, lidded, single access CAMs (Controlled Access Modules). The NEXSYSADC requires **TWO** forms of identification to log into the system to access the medications.

SEE EXHIBIT A: PHARMACY EQUIPMENT

2.8 Pharmacy Software/Licensing and Maintenance

Anuco is proposing to provide an inpatient specific *pharmacy management software and electronic medication administration record (eMAR)* that provides users with a comprehensive, yet intuitive user interface with all the functionality that pharmacists, technicians, nurses, and providers need to efficiently perform their duties at the BARC facilities. *Fusion Pharmacy Management Solutions (PMS)* or *Fusion* was first created over 20 years ago and has grown and evolved into the market leading pharmacy management software that is utilized by nearly every State in the U.S. One of Fusion’s longest standing clients is the Florida Department of Corrections which Fusion has worked with for nearly 20 years. Fusion has worked with many Electronic Health Record (EHR) vendors and can integrate with nearly any EHR solution.

Fusion PMS offers exceptionally configurable and customizable workflows. Fusion PMS has been crafted through years of pharmacist input and allows for data to accessed either via mouse-click or keyboard strokes. Every facet of the pharmacy management system has been thoughtfully designed for maximum workflow efficiency. **SEE EXHIBIT L: FUSION PMS AND eMAR PROJECT LIFECYCLE**

2.9

Fusion PMS can accommodate a minimum of fifty (50) or unlimited users for the *Pharmacy Management Solution and the Electronic Medication Administration Record*. (See Pricing Worksheet)

2.10

Nearly every Fusion PMS project includes specified integrations to allow a unified medication management workflow. Fusion PMS will configure, code, and test all application, application extensions, and data acquisition/interfaces upon project start. Fusion PMS understands and will deliver to BARC the following **interfaces** for this project (*See Figure 2: Systems and Software Integration Workflow*):

- **ECHO (Electronic Health Record)** – Fusion PMS interface with ECHO (EHR) to ensure the most efficient medication management operation. Through this integration, the eScript will be eliminated and all medications ordered in ECHO will flow directly into the PMS.



Figure 2: Systems and Software Integration Workflow

- **E-FORCSE (PDMP)** –Fusion PMS interface with E-FORCSE PDMP will allow for an automated sharing of controlled substance prescriptions. (*Please Reference Section 2.17 for additional information on the E-FORCSE PDMP integration.*)

- **NEXSYSADC (ADM)** –Fusion’s PMS interface with NEXSYSADC will allow for the ability to track inventory as it is dispensed. This integration will increase efficiencies and ensure accuracy on dispensed medications.

SEE EXHIBIT B: FUSION PMS

Data Migration

Data migration and conversion are essential to the seamless, continued operation of BARC’s facilities. Our top priority for any PMS replacement project is to make sure active patient data is available on the day of go-live.

Fusion understands that it is responsible for the extraction of patient data from the current pharmacy software (WinPharm) system, and that Fusion will be responsible for the overall data conversion, coordination, definition of file layouts, data import, and validation into our PMS. To that end, Fusion has developed and will personalize to the County upon contracting, a detailed plan of data conversion/migration that takes into consideration all factors, including the given schedule. ***This is a one-time fee and process which is included in the Pricing Worksheet.***

Fusion’s database includes embedded relationship requirements. When conducting any migration/ETL process, data must be loaded sequentially for the data to build the appropriate relationships. Fusion’s Data Conversion Audit Work Plan (***Figure 3: Data Conversion Audit Work Plan***):

- Ensures that the source data is being properly extracted before conversion as well as preserved and protected post-conversion.
- Ensures that controls are in place to verify that data transferred accurately and completely between systems.
- Ensures that appropriate testing, including regression analysis, is being done with converted data on impacted applications and management reporting.

Fusion follows a five-step process with many sub-tasks, which ensures data is captured and transferred fully, without errors or loss of information. These steps are shown below:

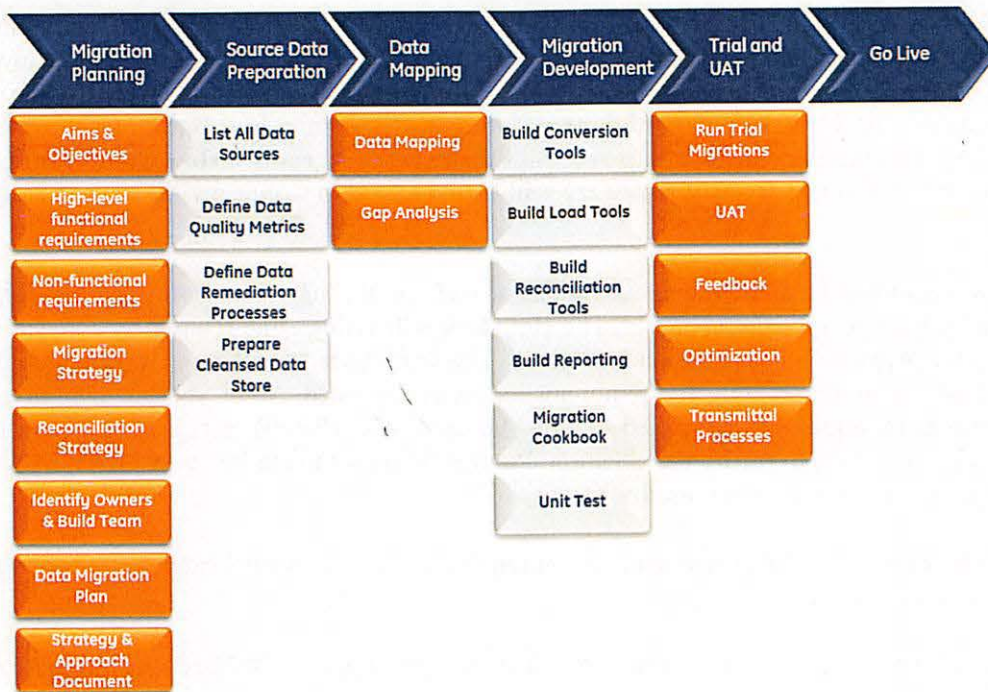


Figure 3: Data Conversion Audit Work Plan

2.11

Anuco acknowledges and will comply with the County’s Enterprise Technology Services Security Requirements Exhibit – High Risk form.

Server, Network & PC Management

Anuco acknowledges and will comply with the County’s Enterprise Technology Services Security Requirements. It is our intent to install local hardware and have it locked down and secured onsite.

In addition, Anuco utilizes a zero trust to the privileged networks. We have been working with GiaSpace, a local South Florida Information Technology Solution Provider with over 17 years of experience providing quality IT services. We have found that implementing managed services has been cost effective and efficient for us. We install software agents on the equipment we manage to perform proactive care rather than firefighting. This has reduced downtime from infected machines to failed hardware considerably.

The network perimeter is locked down with a Cisco Meraki Firewall and no port forwarding is allowed. Authorized users are authenticated via Active Directory and 2MFA. Once a user has access to the network the server and workstations are locked down with **Threatlocker Application Whitelisting**, where only approved applications can run.

We utilize **Sophos Intercept X** to protect from malware and offer Threat hunting. We use SNMP to send Firewall Access logs and agent-based Server logs to our Perch SOC Platform. This allows the Helpdesk to be notified on any suspicious activity or abnormalities. Anuco uses **Ninja RMM** tool for inventory management, Microsoft and 3rd party patching and reporting. Full Backups are performed daily to a NAS on premise and differentials are sent Offsite to the **Acronis Cyber Cloud** for Disaster Recovery. All requests for IT Related issues are sent to and stored in Connectwise Manage Helpdesk Software.

When a new employee is hired the procedure is to submit the new hire form to the Helpdesk accompanied by the management approval. The Helpdesk will validate the request by contacting the manager directly. Appropriate permissions are given. The same goes for a Termination of a hire. The Helpdesk is responsible for creating and removing access as requested. Any Cyber incident no matter how small, that is reported or is identified by the Managed SOC (Perch), gets a postmortem of the activity and what was done to rectify the situation. Passwords are set to expire every 90 days and must be complex passwords that are not reused.

GiaSpace provides quick and efficient support via remote. If remote support cannot resolve an issue, dispatch sends a tech onsite.

We have included the Server, Network and PC Management/Support and Hardware on the *Pricing Worksheet*.

SEE EXHIBIT D: SERVER, NETWORK & PC MANAGEMENT

2.12

As stated in **Section 2.10**, Anuco is proposing to interface Fusion's PMS with ECHO (EHR). In addition to the interface Fusion can run a report such as exporting patient's medication lists. All reports can be exported in CSV format.

2.13

This information will cross over to the NEXSYSADC through the interface to be displayed on the NEXSYSADC dispensing screen.

2.14

Anuco is proposing an Electronic Medication Administration Record (eMAR) *see Pricing Worksheet*. In addition to Fusion's Pharmacy Management Solution, Fusion offers an eMAR software which has been designed to increase productivity for medication administration within an inpatient healthcare setting. The eMAR is robust, yet simple and has a fluid UX for faster user adoption and ease of use.

SEE EXHIBIT C: FUSION eMAR

Fusion's eMAR includes many features that allow for rapid and efficient medication administration with minimum clicks, text entry field, and or screens including but not limited to:

- The ability to scan the barcode on the medication and patient's wristband/badge to provide an electronic recording of the actual medication administration date, time, and nurse's initials.
 - For specialty units such as a psychiatric unit housing patient without wristbands/badges, the system allows for manual entry of a patient's number.
-

- Capability of printing a paper med pass list in an easy-to-use grid format, sorted by patient and unit, and providing all medications and administration times.
- A list of patients missed during a regularly scheduled med pass, making it easy to identify which patients need to be called down to receive their medications.
- The ability for staff to indicate reasons a medication was not administered (e.g., patient refused or dropped).
- Throughout the med pass process, the system informing users of the percentage completion of the med pass, by the entire population and by individual section of the facility.
- For remote med pass or in areas without Wi-Fi, working off-line with a laptop and synchronizing later when Internet access is restored.
- The ability to archive 24 hours of previous med pass information, in cases of a power outage and Internet downtimes

Proper patient identification is critical to a safe and efficient medication pass. Staff can scan patient barcodes and/or QR codes to verify patient identity as well as the bar-coded capability to ensure the proper medication card is scanned before medication administration. The software displays patients by location and medication, making rounds easier and faster. All medications due for a selected med pass will display on the screen. This function eliminates the need for nursing staff to search for the appropriate paper MAR in a binder and locate the proper medications or schedule.

Fusion's eMAR has three ways to record medication administration. The user can either record as *Administered*, *Administered with Comment*, *Not Administered* if the user records the Medication as Not Administered, a reason for not being administered is required.

PRN Medications are easily administered on the eMAR. When viewing a patient's medications, the user will see three medication administration types: **DOT, KOP, or PRN**. The PRN option has the option to administer or administer with a comment. Both options will record a timestamp of the administration and the user who administered the PRN medication.

Fusion's eMAR has the capability to easily change a patient's Medication from a self-carry (KOP) medication to a nurse dispensed (DOT) medication without requiring a new order. The process of changing the medication administration type is quick and easy.

Fusion's eMAR allows for easy access to view and monitor a patient's compliance percentages with medications while administering the medications. The eMAR color coordinates the compliance levels for the user in three colors: **Green-Compliant, Orange-Average Compliance, Red-Poor Compliance**. The user can also click on the color-coordinated information button to see more in-depth information regarding the patient's compliance per medication.

The eMAR can become an integral part of the *Quality Assurance (QA)* process; monitoring compliance levels customized by preference across any parameters or time frames. *For example, a list of patients who missed three doses in the last month, the reasons they missed med pass, and their locations could easily be examined.*

All medication administration services are fully reportable and are useful when reporting on the patient population for day-to-day operations or audits from outside organizations.

Fusion has multiple ways of reporting on medication administration. Within the eMAR specified Users can run reports to identify patient Status, Medication Administration Type, Medication Administration Status, and if applicable Reason Not Administered. This report can be easily printed or exported to an

excel spreadsheet.

The eMAR can report on any new or updated medications to be administered to a patient. This report allows the user to filter Date ranges, Location(s), and Prescriber(s). The eMAR is equipped with a plethora of reports to track the process of ordering and administering medication.

Offline Functionality

The eMAR software supports an offline data sync model. The HTML5 technologies utilized to enable this feature are Application Cache and IndexedDB. The eMAR will poll the server every 5 seconds with an HTTP request to verify connectivity. If the request does not process successfully, the application will assume it has lost network connectivity and transition into offline mode. During that time, it can still access the saved Med Passes into the IndexedDB data store through the cached HTML UI. Any administration records will be put into a queue until connectivity is re-established. Once the application successfully polls the server again, it will go back into online mode and send all records that were documented while connectivity was lost.

In addition, Fusion's eMAR also has the capability of printing a paper med pass list in an easy-to-use grid format, sorted by patient and unit, and providing all medications and administration times.

2.15

This is a report within the NEXSYSADC that can be scheduled or run at any given time.

2.16

As stated in *Section 2.10*, Anuco is proposing to integrate Fusion's PMS with ECHO (EHR). Through the integration between ECHO (EHR), Fusion PMS, and NEXSYSADC BARC will receive a streamlined medication management workflow. This will allow for complete interoperability across all software while **enhancing** BARCs current ePrescribing workflows.

2.17

As described on the E-FORCSE website, BARC (the eligible entity) will be required to complete the *Integration Request Form* and work with the selected Pharmacy Management Solution (Fusion PMS) for the integration process. For the purposes of this proposal, Anuco agrees to work with BARC to develop an interface between Fusion PMS and E-FORCSE. Additionally, this Price Worksheet includes the estimated costs for the Fusion PMS and E-FORCSE PDMP integration.

If E-FORCSE PDMP interface is not active by the time Fusion goes live, Fusion has developed multiple ASAP reports that can export out and upload controlled substance script files onto the state reporting websites. This method is currently being utilized by multiple clients to date.

2.18

Training is one of the most important aspects of a technology implementation. Fusion and NEXSYSADC offers a dynamic, interactive, and engaging training program, for the PMS, eMAR AND ADM. We understand that proper training makes a difference in user acceptance and proficiency. With specialized content and a vigorous but inviting process, combined with a friendly, upbeat, and understanding atmosphere the specialized team can turn the most computer-skill-deficient user into a highly proficient and effective resource.

We offer a blended training approach that addresses the specific learning needs of the staff including classroom-based instruction, online instructor-led instruction, and self-paced web-based training.

Materials used include extensive online help, digital training guides, online tutorials, and computer-based training materials.

The training utilizes a consultative approach that has many benefits and a strategy that allows the users to fully understand the setup of the system and the independence to adjust, change, or recreate workflows in the future. The Education Services are designed for individuals or groups to acquire, refresh, and increase proficiency in using the systems. With flexible delivery options and a wide range of technical and functional courses, we have a comprehensive set of modules and courses that are tailored for BARC.

2.19

Through NEXSYSADC medications that the facility wants to allow dispense override, will be tagged as **override-able**. Reports and Notifications can be sent to determined parties, if needed.

2.20

Anuco is proposing the following NEXSYSADC systems for the following locations:

- **Location I-BARC Central, Medication Rooms:**
 - Medication Room #1 (Triage): NEXSYSADC 4T COUNTERTOP (See Figure 5)
 - Medication Room #2 (MAT Area): NEXSYSADC 4T COUNTERTOP (See Figure 5)
 - Medication Room #3 (Nurse’s Station): NEXSYSADC “MAIN” CABINET plus NEXSYSADC 4T COUNTERTOP (See Figure 4 and 5)
- **Location II-BARC Booher, Medication Rooms:**
 - Medication Room #1 (Male Side): NEXSYSADC “MAIN” CABINET (See Figure 4)
 - Medication Room #2 (Female Side): NEXSYSADC “MAIN” CABINET (See Figure 4)
- **Location III-BARC Mills (Optional)**
 - NEXSYSADC 4T COUNTERTOP or NEXSYSADC “MAIN” (See Figure 4)

The different Cabinet offerings consist of:

- **The NEXSYSADC MAIN CABINET (See Figure 4: NEXSYSADC “MAIN” Cabinet)**
 - The NEXSYSADC Main Cabinet consists of 10 tiers that can be configured with the above-mentioned choices, CAMs, Medication Bins, and Supply Drawers.

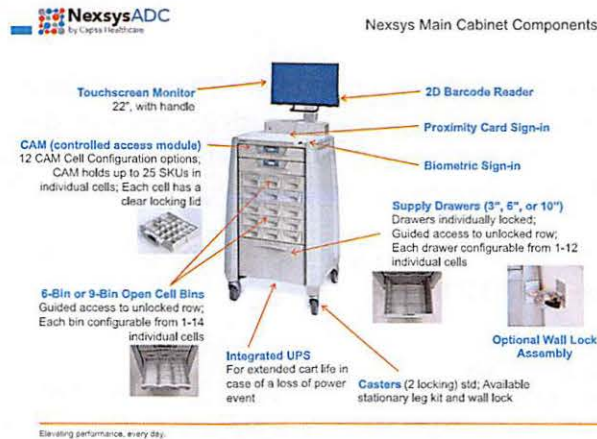


Figure 4: NEXSYSADC “MAIN” Cabinet

- **The NEXSYSADC 4T COUNTERTOP (See Figure 5: NEXSYSADC 4T Countertop)**
 - The NEXSYSADC Main 4T Countertop consists of 4 tiers that can be configured with the above choices, CAMs, Medication Bins, and Supply Drawers.

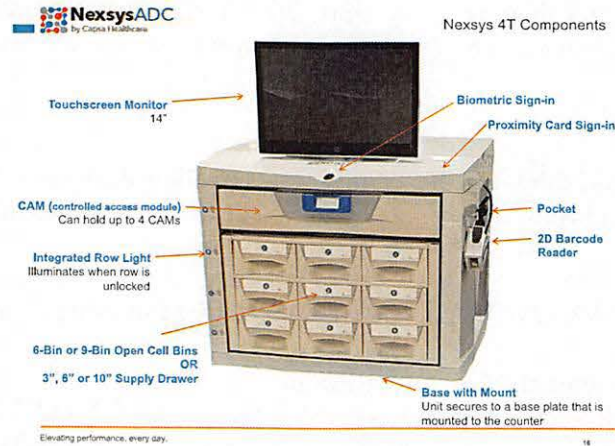


Figure 5: NEXSYSADC 4T Countertop

SECTION 3- PHARMACY PERSONNEL REQUIREMENTS

3.1

Anuco will provide a Florida state licensed pharmacist and registered licensed pharmacy technician, to manage and operate the Medication Room Pharmacies and adequate coverage required in connection with the services to be furnished.

3.2

Licensure/Certification

Prior to employment, we request and obtain proof of all required licensure, certification, accreditation, and/or registration. Only applicants who produce such documentation are considered for employment. Anuco will not employ any pharmacy personnel with restricted licenses. Anuco corporate staff completes independent verification of credentials through online and telephonic confirmation.

All Anuco staff will be required to pass a background investigation for initial and/or continued employment, drug screen, and TB test.

Certifications and Credentialing

All employees and/or contractors who are hired to work at the BARC Facilities will comply with all appropriate state and federal licensure, certification, or registration requirements and copies of these will be kept on file at the corporate office and tracked electronically through our Human Resources division. Our complete file includes insurance certification for pharmacists and registered pharmacy Technician.



No staff shall begin employment with Anuco until our credentialing process is completed. As required, the following credentialing will be maintained at the Corporate:

- a) Pharmacist
 - a. State of Florida Board of Pharmacy license for the current year
 - b. Copies of Board Certification or equivalent, if applicable
 - c. Proof of Liability Insurance
 - d. Copy of Florida Driver's License
- b) Pharmacy Technician
 - a. State of Florida Board of Pharmacy license for the current year
 - b. Copies of Board Certification or equivalent, if applicable
 - c. Copy of Florida Driver's License
- c) Pharmacy Intern
 - a. State of Florida Board of Pharmacy license for the current year
 - b. Copies of Board Certification or equivalent, if applicable
 - c. Copy of Florida Driver's License

3.2.1

Anuco will provide proof of current licenses, certifications, and routine background checks to the County upon new hire and renewal.

3.3

Anuco will comply with current and future federal, state, and local laws, regulations, court orders, administrative regulations, administrative directives, and the policies and procedures of our clients. Our policy and procedure manual for employees and/or contractors dictates the discipline and good order of our employees and/or contractors and we have a stringent performance management process in place to govern their conduct both off and on duty. Should any employee be deemed objectionable by the County, through the Contract Administrator or designated Administrator, Anuco understands that their clearance will be revoked, and a replacement will be hired.

3.4-3.8

Florida State Licensed Pharmacist

The Pharmacist will be available to the County, on a twenty-four (24) hour a day, seven (7) days a week basis for pharmacy services.

As a part of the day-to-day operations, our pharmacist will coordinate with Corporate Clinical Pharmacist to ensure delivery of the clinical programs and discuss areas to reduce overall healthcare costs including the following critical areas:

- Maintaining and enforcing compliance with clinical and administrative policies and procedures.
- Maintaining communications with County staff and designee
- Monitoring of cost indicators and financial performance.
- Pharmacy reporting through the quarterly Pharmacy and Therapeutics (P&T) Meeting and daily interactions with County staff or designees

These areas of pharmacist oversight directly correlate to the requirements set by the County and will be supported by our corporate office by the Corporate Clinical Pharmacist for:

- Entering electronic orders to the pharmacy system via secure remote connection or directly when onsite at County premises. The pharmacist shall review all medication orders for appropriateness of the medication (i.e., purpose, dose, frequency, route of administration) and compliance with County formulary.
- Conduct medication storage inspections, emergency cart inspections, distribution and disposal of medications, and after-hours drug cabinet inspections and accountability.
- Pharmacist shall be onsite for initial ADM loads, to dispense patient-specific medications, to pre-pack medications, and to visit facilities should the need arise or as requested by County.
- Ensure appropriate temperature monitoring equipment is in place and functioning for the storage of medication requiring refrigeration.
- Provide a monthly summary of inspections, findings, and other data as needed.
- Maintain an inventory of stock medications (as allowed under a modified Class II pharmacy license) on behalf of and owned by BARC appropriate for the proper operation of the Pharmacy and to meet the requirements of BARC's medical staff (Medical Staff) and patients.
- Provide in-house and virtual trainings and education to nursing, clients, and support staff, as requested by County, on medication or pharmacy management.
- Conduct monthly and annual inventories of medications at each location and report on findings. Vendor will provide the perpetual inventory of medications ordered vs medications dispensed monthly.
- Develop and implement procedures to periodically detect and resolve inventory discrepancies.
- Pharmacist shall be available to fill prescriptions onsite or remotely and be able to transport medications, if needed.
- Attend the County's Pharmacy or other healthcare committee meetings as requested.
- Evaluate all prescriptions and over-the-counter medication for drug interactions, potential adverse interactions, or other irregularities prior to dispensing and communicate with the requesting physician/designee when there are contraindications for drug regimens.

Anuco's Florida state licensed pharmacist will maintain close communication with the appropriate County administrative staff daily.

The pharmacist will be someone who has, by training, education, and experience, the skills to lead and coordinate all aspects of care and services provided by Anuco for the facility. The pharmacist will direct and manage the pharmacy operation, as well as, maintaining fiscal responsibility and day-to-day management of pharmacy staff. The pharmacist will oversee and review all external pharmacy contracts to ensure appropriate provision of pharmacy services and adherence to contract requirements. Through daily communication with key facility staff and Anuco's corporate staff, the pharmacist will direct and oversee implementation of Anuco's resources to meet the facility's priorities and objectives.

Our Florida state licensed pharmacist will:

- Be licensed, registered and consultant pharmacist in the State of Florida without limitations or sanctions.
- Be available by telephone or pager 24 hours per day/seven days per week.
- Be the primary point of contact between the County and Providers regarding pharmacy matters, and be responsible for assuring appropriate utilization of back-up pharmacy

- Be responsible for access to and quality of pharmacy services under the Contract, for the ethical professional practice of health care staff, and accountable for the quality assurance program including valid and reliable performance measurement.
- Be responsible for coordinating and integrating pharmacy services and work closely with the County to achieve correlating goals.
- Coordinate oversight of care as necessary for pharmacy services
- Serve as the pharmacy authority by working closely with the team to monitor program compliance with accrediting agencies.

Anuco has in place our Corporate Clinical Pharmacist, Dr. Gina Jules, who has company-wide clinical authority to oversee the performance of Anuco's site level pharmacist.

The Florida state licensed pharmacist will be assigned onsite each week at the facility on the number of hours requested by the County. In addition, he/she will be available 24/7 to manage pharmacy issues that require intervention or advice from the on-site staff, except for excused absences during which time a designee will be appointed.

Anuco's onsite Florida state licensed pharmacist will review and monitor all compiled statistical data for analysis of under and over-used pharmacy services and care each month. Our evidence-based protocols and clinical practices meet or exceed community and agencies standards of care.

Registered/Certified Pharmacy Technician

A registered/certified pharmacy technician will be responsible for assisting the pharmacist in the preparation and distribution of medications, maintaining the drug inventory, and maintaining patient and pharmacy records in a manner consistent with all federal, state, and local laws and regulations, as well as pharmacy policies and procedures and associated operational services within the facility. The pharmacy technician will assist with overseeing development, implementation, and quality improvement activities in support of pharmacy operations. The Pharmacy Technician will also assist with managing budgets and business/administrative systems and participate in strategic decision making for the operation in support of the pharmacist and County.

Our registered pharmacy technician will:

- Be responsible for the tracking inventory levels in the pharmacy
- Participate in Continuous Quality Improvement (CQI) committee meetings and activities.
- Be responsible for drug accountability and reconciling
- Be organized, effective communication, attention to details, outstanding client service, computer skills, time management, and inventory management skills
- Perform computer order entry and claim adjudication

Licensed Pharmacy Intern

The Pharmacy Intern is an entry-level position and duties are designed to develop knowledge base and competency level while performing pharmacy functions under the direct supervision of a clinical pharmacist. Functions performed as an intern include, but are not limited to: interdisciplinary patient care rounds, admission medication history, medication counseling and patient education, drug information, drug dosing, drug preparation and drug distribution. In addition, the pharmacy intern will serve as a preceptor for student pharmacists, participate in educational experiences, and engage in scholarship. The pharmacy intern ensures that patient care is maintained under the supervision of a

clinical pharmacist through compliance with the facilities policies, rules and regulations promulgated by the Board of Pharmacy, and other applicable regulatory bodies.

Our licensed pharmacy intern will:

- Be responsible for the tracking inventory levels in the pharmacy
- Work collaboratively with treatment team to maximize individual client outcomes
- Perform medication history interviews, first dose teaching, food-drug interaction counseling, discharge counseling, assessment of education and adherence
- Review medication lists for clients upon discharge
- Counsel clients on prescription and over-the-counter medications and devices
- Monitor medication therapies through performing profile reviews, interpreting laboratory values, and ensuring drug regimens are consistent with medication use guidelines and protocols
- Assess client's progression to achieving desired medication treatment goal
- Develop and recommend appropriate therapeutic plans, identify and resolve drug-related problems, communicate to other health care team members, follow through, and document in the electronic record, when applicable
- Review medication orders for appropriate dose, duration, frequency, dosage form, indication and drug interactions
- Perform pharmacokinetic monitoring
- Retrieve, evaluate and provide drug information to health care providers, answering general and client specific drug information questions
- Review documented adverse drug reactions/allergies and report new occurrences
- Promote health, wellness, and disease prevention
- Establish and interpret client information – active problem list, past medical history, physical exam data, laboratory data, hospital course, medication history, medication profile, pharmacokinetic evaluation
- Apply federal and state legal standards surrounding medication use
- Understand the process and prepare accurate extemporaneous compounded products
- Perform computer order entry and claim adjudication

We will operate a fully functional 24 hour a day, 7 day a week Pharmacy program, fully staffed and operated by licensed, certified, and professionally trained personnel. As part of our staffing matrix, we propose:

- Licensed Pharmacists
- Registered/Certified Pharmacy Technicians*
- Licensed Consultant Pharmacists
- Licensed Pharmacy Interns
- Adequate coverage required in connection with the services to be furnished

* The differences between a certified and registered technician can be confusing, but they're important to understand when considering who will be a good fit for the pharmacy. A pharmacy technician easily acts as the backbone of the pharmacy, so we understand the importance of who we are hiring and what skillset they can bring to the workplace.



Technical – In-House Pharmacy Management Services
RFP BID# GEN2120540P1

Certification is standardized and typically requires passing an exam administered by a credentialing agency such as the Pharmacy Technician Certification Board (PTCB) or the National Healthcare Association (NHA). The exam itself consists of three sections on assisting pharmacists and patient services, medication and inventory management, and administration of pharmacy practices. The main difference in qualifications between a registered and certified technician is this level of standardization.

In our experience, certified technicians typically have more advanced skill sets than their non-certified counterparts. The certification allows them to perform certain tasks in the pharmacy that, depending on state regulations, a solely registered technician would not be allowed to do. A PTCB Certified Pharmacy Technician is often responsible for receiving prescription requests, checking medications, labeling bottles, maintaining patient profiles, preparing insurance claims, operating dispensing systems, stocking shelves, and much more.

We are proposing a Certified Pharmacy Technician that has the qualifications, education and skillset to maximize efficiency at BARC.

These individuals will be charged with ensuring the above pharmacy management requirements relative to their position and will be overseen by our Corporate Clinical Pharmacist, Dr. Gina Jules.

3.9

Anuco will utilize the County's agreements with Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) and its drug wholesaler; any contracted specialty pharmacies; and any other pharmaceutical distributors, GPOs, or other outlets to purchase all prescription medication, including controlled substances. Anuco will ensure that the County receives all manufacturer rebates from drugs ordered.

3.10

Anuco will be responsible for any special holiday or vacation pay owed to pharmacy personnel. In addition, we will provide replacement staff to ensure no lapse in coverage.

3.11

Anuco will comply with providing the County staffing schedules for all pharmacy personnel prior to implementation and prior subsequent changes.

SECTION 4- CONSULTATION SERVICES: GENERAL

4.1

Anuco will a registered State of Florida licensed Consultant Pharmacist who will be accessible 24 hours a day.

4.2-4.23

Anuco will provide an overall inspection of the medication room of your facilities on site, as required, by a Consultant Pharmacist. The Consultant Pharmacist will ensure that each facility is in complete compliance with all federal, state, local and pharmacy laws and regulations in regards to the guidelines of the group, Drug Enforcement Administration (DEA), The State Board of Pharmacy (BOP), State Statutes, The Joint Commission (JCAHO), Medicare, Medicaid, and The Commission of

Rehabilitation Facilities (CARF), Substance Abuse and Mental Health Services Administration (SAMHSA), State Departments of Health (DOH), the Department of Children and Families (DCF), and the Agency for Health Care Administration (AHCA) standards. The results of the audit will be discussed with the nursing supervisor or designee following the inspection. A written and signed and dated documentation of the inspection sheets, including recommendations made, corrective actions implemented, and problems observed, will be provided to the Nursing Supervisor or designee. A summary of the inspections will be reported during the P&T meetings. On future inspections, we will monitor all previous recommendations to assure compliance.

- Our consultant pharmacists will prepare and assist in the development, implementation, monitoring, and updating of the facilities' and Anuco's policy and procedures manual for the safe and effective distribution, control, administration and use of medications throughout your facilities. Our Standard Policy and Procedures Manual will be customized by Anuco to meet your specific needs prior to contract initiation and will be updated throughout the contract. Our comprehensive manual outlines all policy and procedures step by step and is of a major benefit especially in training new employees. Our manuals follow all AHCA, SAMHSA, DOH, DCF guidelines, HIPAA Standards, State Board of Pharmacy, DEA, and FDA guidelines.
- We will review all areas relating to pharmacy including but not limited to medication records, storage, and security. We will provide an extensive overall inspection of the medication room of the facilities. This inspection will ensure that the facilities follow all federal, state, local, and pharmacy laws and regulations regarding the guidelines of your facility, Controlled Substance Act, State Board of Pharmacy, SAMHSA, AHCA and the Policy and Procedures of the facility.
- We will check for the cleanliness and proper organization of the medication room.
- We will check for proper medication ordering, charting, documentation, and record keeping.
- We will assure all narcotic recordkeeping is properly maintained and accurate.
- We will review all medication distribution procedures and conduct medication pass audits. We can present on proper medication pass techniques accompanied with a med pass training video.
- We will inspect the contents of the emergency medication kit for outdated or missing items.
- We will inspect the refrigerator to ensure proper temperature control and that there are no outdated medications or food stored within.
- We will remove any outdated medications and stock supplies.
- We will review all aspects of pharmaceutical care of the residents.
- We will review medication utilization and individual therapies.
- We will assist your facility in the accounting, reconciliation, and disposal/removal of unused medications including controlled substances as outlined by federal, state, and local laws and regulations. Count sheets will be provided for strict accountability and all documentation will be enforced as required by law.
- We will provide a continual assessment of recommendations and plans for implementation. Documentation of the inspection will be provided as signed and dated inspection sheets, including recommendations made, corrective actions implemented, or problems observed. These inspection reports will be provided to the healthcare administrator, and/or nursing designee for follow up and evaluation of performance.

- Provide all other responsibilities required, as set forth by your group and follow all federal or state laws, statutes, or regulations presently enacted, or may hereafter be enacted, as well as provided, detailed services applicable to the facility.
- We will complete an inspection sheet and provide a written report to the administrator. This report will outline compliance of laws and regulation and point out deficiencies and/or recommendations to comply with all accrediting body standards and state and federal laws and regulations. This report will be reviewed on site with your staff during our P&T meetings, or sooner.

SEE EXHIBIT E: CONSULTANT PHARMACIST FORMS

Clinical Services

Drug Regimen Review

Drug Regimen Review (DRR) can help avoid many of these issues, along with their associated costs. DRR is a process, typically conducted by a consultant pharmacist, where the reviewer checks for, identifies, and recommends solutions for the use of “unnecessary drugs.” In a typical DRR, the consultant pharmacist **examines the corresponding diagnosis** for each medication; ensures that the prescription is ordered in an **appropriate dose and duration**; checks the patient’s medical records for **adverse drug reactions** and adequate monitoring; and identifies any **drug-related problems**, such as drug interactions or untreated medical problems.

DRR can be general, where the consultant pharmacist reviews all a patient’s medications for appropriateness; or focused, where the review concentrates on a specific disease state or medication therapy. The goals of the process are as follow:

- Terminate unnecessary medications
- Correct drug-related problems
- Simplify dosing regimens
- Provide cost savings
- Recommend any necessary medications

Formulary Implementation and Management

Anuco will assist in the development, implementation, compliance, and ongoing maintenance of a cost-effective drug formulary for your facilities. The purpose of the formulary is to utilize medications within certain therapeutic classes based on therapeutic value and cost. We will work in conjunction with your prescribers to discuss additions or deletions of medications to the formulary by providing them with monthly medication usage cost comparisons for medication classes. Jointly formulating and controlling a medication list with specific prescribing guidelines, will greatly reduce your medication expenditures.

- We have an internal staff of Clinical Pharmacists and Doctor of Pharmacy whose sole responsibilities are to develop and maintain drug formularies, keep abreast of new drug therapies, interactions, and medications. These pharmacists are available when requested to answer technical questions, to educate your staff, make cost effective recommendations, and to assure your patients are receiving adequate drug therapy consistent with the latest medical literature.
- The formulary is comprised primarily of generic and cost-effective brand name medications to encourage cost containment above and beyond our competitive bid. Our goal is to dispense

generic medications, when available, and approved by the State Board of Pharmacy and the prescriber. We will work with the prescribers utilizing a team approach to medication therapy management to provide the most cost-effective medications.

- We will enforce formulary compliance. Through a predetermined process, we will require the use of non-formulary request forms for non-formulary medications. This will aid the doctors in utilizing only formulary items. If a non-formulary medication is ordered without a completed non-formulary request form, we will send an alert to each facility listing medication name and strength, patient name, prescriber so that the prescriber should consider changing the medication or completing a non-formulary medication request form to approve the medication. We will review and reanalyze non-formulary medication usage monthly.
- We will implement an automatic therapeutic substitution program in conjunction with the Medical Director, if requested. We will work with the prescribers to develop a listing of equivalent dosages of more cost-effective medications that will not compromise the care if switched. When a physician prescribes an expensive non-formulary medication on the list, we will automatically substitute to the pre-approved more cost-effective equivalent in the proper dose and frequency. We will outline this substitution in detail, so all prescribers and nursing staff are aware of all the substitutions.
- Extensive formulary management services will be provided working in conjunction with the medical director and the prescribers to reduce medication cost and to provide monthly usage data.
- We will systematically analyze aggregate patterns of medication usage in conjunction with the prescribers and recommend modifications such as eliminating the use of unnecessary or inappropriate medication, reducing waste, recommending more cost-effective medications or therapies, reducing nursing time required for medication administration, etc.

Medication Disposal and Destruction

Anuco will oversee the disposal of all unusable medications. We will destroy any requested medications (including controls) on site during our inspections and non-controlled medications may be returned to Reverse Distributor. Our pharmacists will sign a destruction log and keep on file for all medications disposed onsite and sent to Reverse Distributor.

Pharmacy Information and Education

Anuco will provide pharmacy information to prescribers, nurses, officers, and patients regarding education on medication therapies, side effects, proper administration of medications, etc. We will provide the following:

- Quality customized in-service training to nurses, prescribers, and officers during our reviews on a wide variety of topics tailored to educate and train the staff to ensure compliance and enhance staff knowledge to better care for the facility's residents. Our topic list is virtually unlimited. Some of the most popular topics include medication pass, medication charting and accountability, medication storage and security, new medication updates, medication management, medication side effects and interactions, etc.
 - Medication information on new medications, new generic medications, therapies, side effects, proper administration of medications, etc. will be provided. We will send memos to your facilities when a medication's color or imprint changes or when new generics are released.
-

- A complete set of patient medication information monographs for formulary medications can be provided, when requested. These monographs will outline the medications classification, usage, administration, and side effects. They will be provided to the staff to help educate them on the classification, usage, administration, and side effects of the medications to the residents.
- Medication reference materials, as needed, such as controlled substance lists, list of medications that should not be crushed, metric conversions, poison antidotes, etc. will be provided.
- Current medical literature and regulation information will be sent to your facility regularly.
- Listings of medications which are currently on manufacturer's back order along with recommendations of equivalent alternative medications. We will also let your facility know when a barcoded medication becomes available again.
- We will be instrumental in providing information on cost effective medication therapy and prescribing information to your physicians.

Quarterly P&T Meetings

- **Meaningful and Action Oriented Pharmacy and Therapeutics Meetings:** Anuco is committed to making the P&T meetings proactive rather than reactive. Our P&T meetings focus on developing action plans for cost effective medication use and reducing cost.
- **Systematic Reviews:** Anuco provides clinical practice guidelines that are tailored to the healthcare system. We provide detailed data regarding how these disease states are treated and the apply clinical practice guidelines.
- **Subject Matter Experts:** Anuco provides P&T Committee with updated pharmaceutical information, availability of new drugs and available evidence regarding the relative safety, efficacy, and effectiveness of prescription drugs.
- **Cost Controls:** The result of clinical programs is real and reproducible.

Forecasting Pharmaceutical Services

We are in times when maximizing the use of generic medications are not enough to control pharmacy costs. The goal is to provide the County with enough advance information and data to make decisions and policy that are proactive rather than reactive.

- **Predict and Identify Market Disruptions**
 - Drug Shortages
 - New Therapeutic Agents
 - Price Increase

On a regular basis, Anuco will review the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) and its drug wholesaler and any contracted GPO, specialty pharmacy and distributors for current drug market trends.

SECTION 5 – CONSULTATION SERVICES: OFFICE BASED OPIOID TREATMENT (OBOT)

5.1-5.1.9

Anuco is committed to fighting the opioid overdose epidemic and supporting BARC in their continuous efforts to identify outbreaks, collect data, respond to overdoses, and provide care to those in our community.

At Anuco we believe that the development and scaling up of models to enhance the delivery of treatment for the opioid crisis is an important issue. An Office Based Opioid Treatment (OBOT) allows primary care or general health care prescribers with a DATA waiver to dispense or prescribe any Controlled Substances Act (CSA) scheduled III, IV, V medication approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorders under 21 CFR §1306.07.

The medications (Buprenorphine, Buprenorphine/Naloxone and/or Naltrexone) are available for treatment of opioid use disorders allowed to be prescribed in an OBOT setting.

Offering treatment through primary care or general practice **removes barriers** for individuals seeking treatment. Unlike outpatient treatment programs (OTPs), integrated psychosocial and behavioral health services are not a legal requirement for OBOT; however, these resources should be accessible via referral. Anuco will work with the County to establish linkages within the community with relevant resources and/or medical sub-specialties (e.g., behavioral health, infectious disease, job retraining, etc.)

Anuco will provide a dedicated Consultant Pharmacist to provide prospective medication use management by working collaboratively with the facility healthcare team. The Consultant Pharmacist provides comprehensive clinical pharmacy services including chronic care management, medication cost containment plans, medical/detox protocols guidance and regulatory compliance related to medication use management within the facility. We have embedded clinical pharmacists as part of the interdisciplinary team to facilitate ongoing reassessment, monitoring, and management of buprenorphine treatment program in conjunction with medication management, review of state prescription drug monitoring programs, and medication education.

Specifically, Anuco will:

- Assist with opening a wholesaler account under the physician's name
- Order buprenorphine products and other controlled substances for administration required under the program
- Ensure medications are stored and secured
- Prepare and assist in the development, implementation, monitoring, and updating of the facilities' policy and procedures manual for the safe and effective distribution, control, administration and use of medications for the program.
- Recommend and implement software required to e-scribe controlled substances, interface pharmacy features with BARC's EHR (currently ECHO) to include inpatient and outpatient features, and any additional software necessary to meet OBOT demands.
- Report daily to the state's prescription monitoring program (e-FORCSE)



We will ensure providers comply with all federal, state, local and pharmacy laws and regulations in regards to the guidelines of the group, Drug Enforcement Administration (DEA), The State Board of Pharmacy (BOP), State Statutes, The Joint Commission (JCAHO), Medicare, Medicaid, and The Commission of Rehabilitation Facilities (CARF), Substance Abuse and Mental Health Services Administration (SAMHSA), State Departments of Health (DOH), the Department of Children and Families (DCF), and the Agency for Health Care Administration (AHCA) standards. Anuco will evaluate the success and impact of this program. We will actively work with the County to partner with others willing to support programs that prevent drug addiction. We have collaborated with Correctional Medical Vendors on their Buprenorphine Treatment Programs (BTP), Medication-Assisted Treatment (MAT) and Opioid Treatment Program (OTP) to help the tens of thousands of people with opioid use disorders who pass through the U.S. corrections system each year. Our pharmacist-led approach has provided our partners with a holistic approach to assess and refer underlying conditions while providing Buprenorphine Treatment Programs.

Our partnership goes beyond the pharmaceutical service and will assist BARC with the following:

- Monitor trends
- Support providers, healthcare systems and payers
- Partner with public safety officials and community organizations
- Increase public awareness

We know that collaboration is essential for success in preventing opioid overdose deaths. We all bring awareness, resources, and expertise to address this complex and fast-moving epidemic. Together, we can better coordinate efforts to prevent opioid overdoses and deaths.

5.2

See Pricing Worksheet for proposed OBOT Program

SECTION 6- STANDARDS OF SERVICE

6.1-6.5.6

We are a partner who strongly believes that improved quality of healthcare and cost savings are not mutually exclusive when using a holistic clinical approach. Our model uses clinical pharmacist to provide a unique service enhancement unmatched in the industry. We will comply with all federal and state laws, rules, and regulations, and in accordance with applicable standards of accrediting bodies such as JCAHO or CARF.

Anuco acknowledges and will comply with ensuring patient profiles and records are maintained and available in the pharmacy/medication room. Our pharmacists will provide accurate and complete records containing daily documentation. This service will be enhanced utilizing the integrated ADM and pharmacy software.

Monthly Invoicing

Anuco's administrative and clinical management personnel will provide the County with a detailed monthly invoice to include:

- Timesheets or hourly activity logs for all staff for total hours worked, by week, during the month invoice.

- Original invoices to support the cost for any acquisition of reimbursable items or services.
- Any further documentation required by the County to reconcile costs or perform an audit on an as-needed basis.

Training

- **Training Systems-Training throughout Contract**
 - Training is an essential element of providing comprehensive pharmacy services to ensure our partners understand the best way to utilize our service, drug information and are educated on proper policies and procedures. Training is available at a minimum of once a month or unless otherwise stated or agreed between the County and Anuco.
- **Multiple Training Modalities**
 - Anuco offers trainings through onsite in-person training, teleconference, web conferencing, reference guide handbooks, formal policy and procedure manuals and online comprehensive video training.
 - Trainings are documented through the training log and will be provided to the County with the monthly invoice.

Monthly/Quarterly Reports

We will provide the County with the following monthly/quarterly reports:

- Monthly Pharmacy Inspections
- Continuous Quality Improvement (CQI) Summaries
- Pharmacy Consultant Reports
- Medication Destruction Logs
- Performance Measures and Outcomes
- Training Logs

SECTION 7-HOURS AND PROCESSING TIMES

7.1-7.6

Anuco will provide a registered licensed pharmacist and pharmacy technician on-site between the normal operating hours of 7:00AM-7:00PM (EST), seven (7) days a week for up to forty (40) hours per week OR the agreed upon number of hours and timeframe necessary to successfully operate and support a 24-hour to the following locations:

- **Location I: BARC Central**
- **Location II: BARC Boohar**

In addition, if medication delivery is required at **Location III: BARC Mills** a pharmacy personnel will arrange for medication delivery.

24/7 Pharmacist Consultation and Emergency Services Coverage

Anuco's pharmacists are available 24 hours a day, 7 days a week to provide pharmacy support. This service ensures that the County has an ongoing source for drug information and support for pharmacy processes throughout the contract. Anuco will provide after-hours and emergency pharmacy coverage,



as needed, remotely or as otherwise agreed. Emergency services and coverage will include the following:

- On-site coverage in the event of a natural disaster or emergency at BARC’s designated shelter facilities.
- Local back-up pharmacy set-up
- 5–7-day supply of medications during a “watch event” of a natural disaster, emergency event, or as notified by the County.

Anuco will modify prescription processing times in the event of a county emergency activation (including but not limited to hurricanes, natural/manmade disasters, etc.). The prescription order processing times will be as follows:

- **STANDARD:** Within two (2) hours of receipt
- **STAT:** Within fifteen (15) to thirty (30) minutes of receipt

SECTION 8-PERFORMANCE MEASURES AND OUTCOMES

8.1-8.1.6

Anuco acknowledges and will adhere to the Performance Measures and report on Outcomes such as:

- Accuracy of Medications Delivered
- Responses to Emergency Situations
- Timeliness to deliver non-formulary medications
- Pharmacy Inspections
- Client Satisfaction Surveys
- Inventory Counts to Mitigate Risk, Theft or Loss



COMPREHENSIVE COST PROPOSAL

Anuco is pleased to present our comprehensive Cost Proposal to Broward County. We developed our responses by considering what is necessary to provide the best solution to Broward County. Anuco understands that our price offer shall serve as the basis for the compensation terms of the resulting contract. The prices we are offering take into consideration all of the costs associated with providing a comprehensive in-house pharmacy/medication management services to Broward County.

Pricing Methodology

- One-time Start-up Fee:
- Monthly Rate:
- BARC Mills – OBOT

Start-up One-Time Fees

- **Pharmacy Equipment (NEXSYSADC Cabinets) – Automated Dispensing Machine (ADM)**
 - NEXSYSADC -pharmacy equipment integration of (3) NEXSYS 4T Countertops and (3) NEXSYSADC Main Cabinet .
 - NEXSYSADC- Server interface with all pharmacy hardware utilizing one enterprise via cloud.
 - NEXSYSADC Onsite training for Central and Boohar locations to accommodate all shifts and staff
- **Pharmacy Software (Fusion PMS) - Fusion PMS**
 - Data Migration Services (WinPharm)
 - Interface Development - Automated Dispensing Machines (Capsa Healthcare)
 - This is necessary to allow integration of pharmacy hardware, software and support equipment.
 - Interface Development - PDMP (E-FORCSE)
 - This includes full integration of Electronic Health Record (EHR) and PDMP (E-FORCSE) system
 - PMS Installation & Training
 - Includes:
 - Software Installation
 - Training (on-site and remote)
- **Electronic Medication Administration Record (eMAR) – Fusion PMS**
 - eMAR Installation
 - Training Services
- **Server, Network and PC Management and Support - GiaSpace**
 - Pharmacy Hardware – We are proposing the following for each location (Central and Boohar).
 - Microsoft SQL Server
 - The purpose for a separate server per location is because the server is

going to reside onsite at the facility. In the event power or internet becomes an issue at one facility, it will not affect the others. In addition, we will implement on-site backup solution for fast recovery and off-site for disaster recovery. In the event of major hardware failure, we have the ability to restore image locally much faster onto replacement hardware.

- Brother Wireless Laser Printer with Duplex Printing
 - This will allow staff to seamlessly print necessary documents
- Microsoft Office 2019 Home & Business - Box Pack
 - Necessary tool for Dell Computer and peripherals
- SAMSUNG Business Monitor
 - Ensure adequate display of pertinent data while serving BARC patient population.
- Intel Mini PC5 Tall Battery Back-up
- Dell PowerEdge T340 Tower Server
 - Server and Network Cable
 - Synology Backup for On-site
- Cisco Meraki MX67W Cloud-Managed Security Appliance
 - Necessary Firewall to provide adequate network security.

Monthly Maintenance, Licensing, Support and Management Fees

- **Pharmacy Equipment (NEXSYSADC Cabinets) – Automated Dispensing Machine (ADM)**
 - Automatic Dispensing Machines and equipment
 - Comprehensive System Interfacing
 - Network Server management
 - Pharmacy Software management
 - Equipment Maintenance
- **Pharmacy Software (Fusion PMS) - Professional Services**
 - Pharmacy Management Solution License (Enterprise)
 - MediSpan Database Subscription
 - Interface Maintenance and Support - Electronic Health Record (ECHO)
 - Interface Maintenance and Support - Automated Dispensing Machines (NEXSYSADC Cabinets)
 - Interface Maintenance and Support - PDMP (E-FORCSE)
 - Fusion eMAR Licenses (Enterprise)
- **Electronic Drug Reference Database– Lexicomp**
- **Server, Network and PC Management - Gia Space**
 - Sophos Intercept X for Server Webroot for PCs
 - Perch SOC Platform to capture logs and security events
 - Managed Backups Onsite
 - Acronis Cloud for Offsite Backups
 - Threatlocker Cyber Security Software for All machines

- VPN and Firewall Management
- Patch management
- 24x7 monitoring
- **Pharmacy Personnel - Anuco Rx**
 - Anuco's corporate culture is the recognition that our greatest asset is our staff. Our expectation is that each staff will be treated with respect and value for their service to the County and their clients. We have seen our staff respond positively to the high regard we hold for them and we have a loyal team. We are able to establish competitive market rates for base compensation for all positions using published survey data on the national labor market. Through our experience we have identified increase critical staffing rates that are above national labor market due to the current staffing demand and neighboring institutions. Therefore, we are proposing the following rate for:
 - Registered Pharmacist - \$65.00 per hour
 - Consultant Pharmacist - \$95.00 per hour
 - Registered/Certified Pharmacy Technician - \$30.00 per hour
 - Pharmacy Intern - \$27.00 per hour
- **Management Fees – Anuco Rx**
 - Anuco will provide an extensive and well-cultured team for the County. The management fee includes:
 - Management Compensation
 - Management Fringe Benefits

BARC Mills – OBOT

One-time Set-up Fee:

- **Pharmacy Equipment (NEXSYSADC Cabinets) – Automated Dispensing Machine (ADM)**
 - NEXSYSADC -pharmacy equipment integration of (1) NEXSYS 4T Countertops and/or (1) NEXSYSADC Main Cabinet.
 - NEXSYSADC- Server interface with all pharmacy hardware utilizing one enterprise via cloud.
 - NEXSYSADC onsite training to accommodate all shifts and staff
- **Pharmacy Software (Fusion PMS) - Fusion PMS**
 - Data Migration Services (if applicable)
 - Interface Development - Automated Dispensing Machines (Capsa Healthcare)
 - This is necessary to allow integration of pharmacy hardware, software and support equipment.
 - Interface Development - PDMP (E-FORCSE)
 - This includes full integration of Electronic Health Record (EHR) and PDMP (E-FORCSE) system.
 - PMS Installation & Training
 - Includes:

- Software Installation
 - Training (on-site and remote)
- **Electronic Medication Administration Record (eMAR) – Fusion PMS**
 - eMAR Installation
 - Training Services
- **Server, Network and PC Management and Support - GiaSpace**
 - Pharmacy Hardware – We are proposing the following:
 - Microsoft SQL Server
 - The purpose for a separate server per location is because the server is going to reside onsite at the facility. In the event power or internet becomes an issue at one facility, it will not affect the others. In addition, we will implement on-site backup solution for fast recovery and off-site for disaster recovery. In the event of major hardware failure, we have the ability to restore image locally much faster onto replacement hardware.
 - Brother Wireless Laser Printer with Duplex Printing
 - This will allow staff to seamlessly print necessary documents
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 - Necessary tool for Dell Computer and peripherals
 - SAMSUNG Business Monitor
 - Ensure adequate display of pertinent data while serving BARC patient population.
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 - Dell PowerEdge T340 Tower Server
 - Server and Network Cable
 - Synology Backup for On-site
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 - Necessary Firewall to provide adequate network security.

Monthly Maintenance, Licensing, Support and Management Fees

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 - Automatic Dispensing Machines and equipment
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- **Pharmacy Software (Fusion PMS) - Professional Services**
 - Pharmacy Management Solution License (Enterprise)
 - MediSpan Database Subscription
 - Interface Maintenance and Support - Electronic Health Record (ECHO)
 - Interface Maintenance and Support - Automated Dispensing Machines (NEXSYSADC Cabinets)

- Interface Maintenance and Support - PDMP (E-FORCSE)
- Fusion eMAR Licenses (Enterprise)
- **Electronic Drug Reference Database– Lexicomp**
- **Server, Network and PC Management - Gia Space**
 - Sophos Intercept X for Server Webroot for PCs
 - Perch SOC Platform to capture logs and security events
 - Managed Backups Onsite
 - Acronis Cloud for Offsite Backups
 - Threatlocker Cyber Security Software for All machines
 - VPN and Firewall Management
 - Patch management
 - 24x7 monitoring

Anuco is offering a holistic in-house pharmaceutical management solution that reduces your pharmaceutical expenditure and overall healthcare spend. We will focus on reducing your expenditures while improving your outcomes. Better client outcomes lead to healthier clients, which ultimately leads to lower costs and provides the best overall pharmacy program and an undeniable value.

SEE EXHIBIT M: PRICING WORKSHEET AND MONTHLY SUMMARY BREAKDOWN

Evaluation Criteria Response Form

RFP/RLI/RFQ Number and Title	GEN2120540P1 - In-House Pharmacy Management Services
Vendor Name	Jules Enterprise Group, Inc. dba Anuco Rx
Vendor Address	1560 Sawgrass Corporate Pkwy, 4th Floor Sunrise, FL 33323
Evaluation Criteria	Vendor Response
<p>1. Ability of Professional Personnel (Total Points Value: 40)</p>	
<p>1a. Describe prior experience and history providing institutional pharmacy management services and working with facilities that provide mental health and/or substance abuse treatment, including details of knowledge and experience with community pharmacy management. It is preferred that the vendor have a minimum of three (3) years of related experience. Vendors with less than three (3) years of related experience will still be considered; however, failure to have three (3) years of related experience may result in reduced or zero (0) points awarded for sub section 1a.</p> <p>10 points</p>	<p>Anuco's team has over 16 years of institutional, community and managed care pharmacy services. We have extensive experience in managing public and private facilities across the country to include all sizes of correctional centers, jails, long-term care centers, managed care organizations, re-entry centers, employer/benefits group consulting and community pharmacy. We specialize in optimizing pharmacy/medication management through an array of clinical pharmacist-led services. We've worked with our clients to establish protocols and programs to help maximize access to care and resources within the mental/health and/or substance abuse settings along with other specialties. Our knowledge extends beyond pharmaceutical management. We know that collaboration is essential for success in preventing opioid overdose deaths. We've brought awareness, resources, and expertise to address this complex and fast-moving epidemic. Together, we better coordinate our efforts to prevent opioid overdoses and deaths through our partnership and community.</p> <p>We understand the importance of continuity of care, especially for our mental health and/or substance abuse treatment facilities, which is why our "model pharmacy system" ensures our clients are confident that their pharmacy program is manageable, accessible, cost-efficient, accountable, accurate and exceeds industry standards for pharmaceutical care and quality. We have experience assisting Case Managers and Social Workers in providing chronic medications and resources to after-care treatment programs. Providing these services allows individuals (patients/residents/clients) time to transition to medical services in the community.</p>
<p>1b. Describe experience providing pharmacy consultation with regards to major accrediting bodies' facility surveys and inspections (i.e. The Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), and the Substance Abuse and Mental Health Services Administration (SAMSHA)) and any government regulating bodies (i.e. Department of Health, Department of Child and Families).</p> <p>10 points</p>	<p>Anuco has provided consultation, which includes mock-audits to our clients who are accredited and/or hold licenses by the following agencies: JCAHO, CARF, SAMSHA, DOH, DCF, ACA, and NCCHC. Our Corporate Regulatory and Compliance Pharmacist is dedicated to monitoring developments in laws, rules and regulations that govern our clients and licenses. For each client, Anuco customizes its services to ensure we comply with institutional policies and procedures at each facility and the governing regulatory regime in that respective State. This multi-level approach provides a valuable tool for the facility to ensure client/resident/patient safety, employee accountability, institutional security, and regulatory compliance.</p> <p>Anuco's commitment to full compliance is rooted in our values as an accountable and ethical pharmacy partner. Our mantra is to always be inspection/survey ready.</p>

<p>1c. Describe knowledge and experience with purchasing inventory, including control and utilization management of stock and special-order medications for institutional pharmacy services.</p> <p>5 points</p>	<p>Anuco utilizes a robust pharmacy management solution to ensure the highest level of accuracy and accountability. The application uses bar-code scanning integration which allows for quick input of inventory/PAR levels with automatic adjustment as inventory is ordered and depleted. The real-time inventory control is tracked 24/7 as medications are withdrawn or replenished. Automatic refill triggers are configured as well as pharmacist review prior to sending.</p> <p>Our bar-code integration and reconciliation program monitors and records on-site receipts of orders and assist in maintaining pharmaceutical inventory in a safe, secure, organized and real-time inventory tracking down to the resident/patient /client level.</p> <p>In addition, we know that maximizing the use of generic medications are not always enough to control pharmacy costs however by managing market disruptions, drug shortages and single source generics we've provided our clients with advance information and data to make decisions and policy that are proactive rather than reactive. This information has been essential to planning drug budgets, controlling medication costs and in determining which medications provide the most value for our clients.</p>
<p>1d. Describe experience obtaining wholesale pharmaceuticals as a member of a group purchasing organization such as the Minnesota Multi-State Contracting Alliance for Pharmacy (MMCAP) and utilizing a specialty pharmacy. Provide details of experience working with Patient Pharmaceutical Assistance Programs and Reverse Drug Distribution.</p> <p>5 points</p>	<p>Our experience includes reviewing drug costs for our client's purchasing contracts by leveraging 340B, state and pharmaceutical purchasing programs. As a value added service we provide an analysis of current drug market trends that allows essential planning for our clients' pharmaceutical budget, drug costs and determining overall value. Our analysis includes: medication availability data, current market prices or estimated pricing, evidence-based medicine, market disruptions and clinical pharmacist recommendations.</p> <p>We assist our clients increase access to care and tailor resources for patient assistance programs, as we fully understand lack of access to medical care can introduce unnecessary operational issues, jeopardize public safety, drain resources and increase costs. As a partner we maximize all resources to ensure access to medications continues to be a value-added service for our clients.</p> <p>Anuco will oversee the disposal of all unusable medications. We will destroy any requested medications (including controls) on site during our inspections and non-controlled medications may be returned to Reverse Distributor. Our pharmacists will sign a destruction log and keep on file for all medications disposed on-site and sent to Reverse Distributor.</p>
<p>1e. Describe knowledge and experience with pharmacy management software/hardware, specifically addressing experience using automated medication dispensing machines, Electronic Healthcare Records (EHR), Electronic Medical Record (EMR), E-Script, E-Forcse (Florida's Prescription Drug Monitoring Program), and fully electronic medication administration systems with medication bar-coding capabilities.</p> <p>5 points</p>	<p>We have extensive knowledge and experience with integrations, this is why we are recommending a FULL integration that will deliver a unified medication management workflow for the ADM, EHR, eMAR, E-FORCSE and Pharmacy Management Solutions (PMS).</p> <p>Our solution is to streamline workflow, increase access to care and increase the County's Return on Investment (ROI) through increased integration between BARC solutions and enhanced workflows, BARC will see improved medication management processes. Specifically, through the integration between ECHO (EHR) and Fusion (PMS), BARC will achieve a streamlined workflow from the moment of Medication Ordering to the Pharmacist Approval Workflow. Upon the pharmacist approval workflow, the medication will be available for dispensing through the Automated Dispensing Machine.</p> <p>Through this integration we have seen success with our clients.</p> <p>In addition, please refer to Section 2-Technological Requirements of our proposal.</p>
<p>1f. Describe the qualifications and relevant experience (resumes) on vendor's key staff, including primary pharmacist, consultant pharmacist, certified pharmacy technicians and any other personnel to be utilized for this project. Provide copies of licensures and certifications applicable in the State of Florida. Include the qualifications and relevant experience of all subconsultants' key staff to be assigned to this project. Include information and disposition for any current or prior disciplinary actions related to licensure of all applicable individuals.</p> <p>5 points</p>	<p>All pharmacy personnel are licensed, certified and qualified to meet the expectations of the County.</p> <p>There are no disposition or prior disciplinary actions related to the licensures of our staff.</p> <p>In addition, please refer to Section 3-Pharmacy Personnel Requirements of our proposal and corresponding Exhibit G—Anuco Rx Pharmacy Personnel</p>

<p>2. Project Approach (Total Points Value: 30) Additional Information: Describe your approach to the Scope of Services, including software, proposed equipment and ADMs.</p>	
<p>2a. Describe the Vendor's approach to provide Pharmacy Management Services at each service location (Central and Booher). Describe your agency's proposal for on-site and remote services including the proposed arrangement of staffing, quantity/type of automated dispensing machines (ADM), related software, and plans for coverage to maintaining adequate staffing or service transition at end of contract term or termination. Provide copies of equipment specifications, software descriptions, and any manufacturer brochures. Include a timetable with phases for deployment to include software and equipment.</p> <p>10 Points</p>	<p>Our approach is to streamline workflow, increase access to care and increase the County's Return on Investment (ROI) through increased systems integration.</p> <p>Pharmacy Equipment (NEXSYSADC) for each location with include adequate quantity and configuration to meet the need of each facility (Central and Booher). The intent on the ADM is to maximize the dispensing experience without compromising desired and required functionality.</p> <p>Each location will have a designated Registered Licensed Pharmacist and Pharmacy Technician available on-site and/or remotely. We will ensure adequate pharmacy personnel coverage is provided in connection with the services to be furnished.</p> <p><i>In addition, please reference Sections 2 thru 4, 6-8 and corresponding Exhibits A thru G of our proposal.</i></p>
<p>2b. Describe ability to receive physician orders for medication via fax and other means. Describe available provisions for after hour emergency services, filling STAT prescriptions, and delivery of medications on an as-needed basis.</p> <p>7 points</p>	<p>Anuco is proposing to integrate Fusion's PMS with ECHO (EHR). Through the integration between ECHO (EHR), Fusion PMS, and NEXSYSADC BARC will receive a streamlined medication management workflow. This will allow for complete interoperability across all software while enhancing BARC's current ePrescribing workflows. This process is a comprehensive on-line FULLY paperless ordering, reporting, and reconciliation program.</p> <p>Anuco's pharmacists are available 24 hours a day, 7 days a week to provide pharmacy support. This service ensures that the County has an ongoing source for drug information and support for pharmacy processes throughout the contract. Anuco will provide after-hours and emergency pharmacy coverage, as needed, remotely or as otherwise agreed. When our clients have been directly impacted by disasters, we have demonstrated our capacity to mobilize statewide resources and respond with essential supplies, staffing support, and communications. We have experience in the delivery of pharmacy management services during hurricanes, tornadoes, and a pandemic.</p> <p>Anuco will work directly with the local pharmacies closest to the respective facilities to provide emergency and/or stat medications. In addition to decrease reliance on back-up pharmacy our team of clinical pharmacists will work with the facility to create a "STOCK" list of essential medications that are commonly used and needed for immediate access. As the County's Pharmacy Management vendor it's our stewardship to provide the best and cost-effective services and solutions.</p>
<p>2c. Describe Vendor's plan for dispensing medications directly to clients and/or staff on a daily, weekly, and monthly basis or other time frame as determined in coordination with County. Provide a detailed description of the proposed medication packaging system. Describe your plan for and experience in managing mid-cycle changes and re-packaging and required coordination with insurance companies.</p> <p>6 Points</p>	<p>With a FULLY integrated platform Anuco can increase access to patient care and provide our client with a robust electronic solution that will enhance medication management. The high level and functionality of the ADM, pharmacy software and EHR interface will give pharmacy personnel the tools to meet the needs of the facility.</p> <p>All pharmaceuticals and related supplies are packaged in compliance with the specific requirements of the state, federal and facility requirements. Anuco dispenses all medications in packages approved by the United States Pharmacopeia-National Formulary (USP-NF) for that drug.</p> <p>Anuco will coordinate third-party claims processing in accordance with County agreements.</p>

<p>2d. Describe Vendor's proposed solution to implement an OBOT Program at BARC, including regulatory requirements, software, and equipment, as applicable.</p> <p>7 Points</p> <p>Additional Information: Vendor may need to provide a presentation of the project approach, including software, proposed equipment and ADMs.</p>	<p>Anuco is committed to fighting the opioid overdose epidemic and supporting BARC in their continuous efforts to identify outbreaks, collect data, respond to overdoses, and provide care to those in our community.</p> <p>Anuco will provide a dedicated Consultant Pharmacist to provide prospective medication use management by working collaboratively with the facility healthcare team. The Consultant Pharmacist provides comprehensive clinical pharmacy services including chronic care management, medication cost containment plans, and regulatory compliance related to medication use management within the facility. We are proposing an integrated solutions that would mimic the other two locations (Central and Booher). In addition, we would recommend 1 NEXSYSADC Main Cabinet with controlled access modules, which stores all controlled substance, expensive medications and medications that are often deviated inside a lock, lidded, single access CAMs.</p> <p>We will ensure providers comply with all federal, state, local and pharmacy laws and regulations. We will evaluate the success and impact of this program and will actively work with the County to partner with others in the community willing to support programs that prevent drug addiction. We have collaborated with Correctional Medical Vendors on their Buprenorphine Treatment Programs (BTP), Medication-Assisted Treatment (MAT) and Opioid Treatment Program (OTP) to help the tens of thousands of people with opioid use disorders who pass through the U.S. corrections system each year. Our pharmacist-led approach has provided our partners with a holistic approach to assess and refer underlying conditions while providing Buprenorphine Treatment Programs.</p>
<p>3. Past Performance and Current Workload (Total Points Value: 5)</p> <p>Describe prime Vendor's experience on projects of similar nature, scope and duration, along with evidence of satisfactory completion, both on time and within budget, for the past five years. A minimum of three (3) verified references should be provided for the projects identified. Vendors with less than three (3) verified references will still be considered; however, failure to have three (3) verified references may result in reduced or zero points awarded for this section. References and performance evaluations, including prior work with the County or County references and evaluations, will be considered in evaluation of Vendor's past performance.</p> <p>Additional Instructions:</p> <p>Vendor should provide references for similar work performed to show evidence of qualifications and previous experience. Refer to Vendor Reference Verification Form and submit as instructed. Only provide references for non-Broward County Board of County Commissioners contracts. For Broward County contracts, the County will review performance evaluations in its database for vendors with previous or current contracts with the County. The County considers references and performance evaluations in the evaluation of Vendor's past performance.</p>	<p>Please refer to Exhibit K: Vendor Reference Verification Form which has been submitted with proposal as instructed.</p>

<p>4. Current Workload (Total Points Value: 5) List all active and projected projects that Vendor will be working on in the near future. Projected projects will be defined as a project(s) that Vendor is awarded a contract but the Notice to Proceed has not been issued. Identify any projects that Vendor worked on concurrently. Describe Vendor's approach in managing these projects. Were there or will there be any challenges for any of the listed projects? If so, describe how Vendor dealt or will deal with the projects' challenges.</p>	<p>At Anuco, we know that "customer service" involves a personalized program designed to address your specific needs. Being responsive to our customers is what we do. We have several processes to ensure your expectations are met:</p> <ul style="list-style-type: none"> • Operational Calls • Billing Questions • In-Service and Training • Clinical Expertise 24/7 • Quality Assurance • Accuracy • Resolutions • Administrative Program Manager • Clinical Pharmacy Director <p>Most importantly, Anuco is known for our attention to detail and Corporate Team hands on every approach.</p> <p><i>Please refer to proposal Exhibit H for active and projected projects list</i></p>
<p>5. Pricing (Total Points Value: 20)</p> <p>Please refer to the Item Response Form in BidSync.*</p> <p>*Total points awarded for price will be determined by applying the following formula: (Lowest Proposed Price / Proposer's Price) x 20 = Price Score.</p>	<p>Please submit price information into BidSync.</p> <p><i>In addition, see Exhibit M: Pricing Worksheet and Monthly Summary Breakdown</i></p>

Vendor Questionnaire Form

The completed Vendor Questionnaire Form and supporting information (if applicable) should be returned with Vendor™s submittal. If not provided with submittal, the Vendor must submit within three business days of County™s request. Failure to timely submit may affect Vendor™s evaluation.

If a response requires additional supporting information, the Vendor should provide a written detailed response as indicated on the form. The completed questionnaire and€ responses will become part of the procurement record. It is imperative that the person completing the Vendor Questionnaire Form be knowledgeable about the proposing Vendor™s business profile and operations.

Solicitation Number :		GEN2120540P1
Title :		In-House Pharmacy Management Services
1. Legal business name:		JULES ENTERPRISE GROUP, INC.
2. Doing Business As/ Fictitious Name (if applicable):		ANUCO RX
3. Federal Employer I.D. no. (FEIN):		81-2463074
4. Dun and Bradstreet No.:		080289117
5. Website address (if applicable):		https://anucorx.com
6. Principal place of business address:	Address Line 1	1560 Sawgrass Corporate Parkway
	Address Line 2	4th Floor
	City	Sunrise
	State	Florida
	Zip Code	33323-2855
	Country	United States
7. Office location responsible for this project:		1560 Sawgrass Corporate Parkway
8. Telephone no.:		(888)-498-1444
9. Fax no.:		(888)-614-3890
10. Type of business:	Type of Business (Select from the dropdown list)	
	If Corporation, Specify the State of Incorporation	Delaware

	If General Partnership, Specify the State and County filed in	
	If Other, Specify the detail	
11. List Florida Department of State, Division of Corporations document number (or registration number if fictitious name):		F21000003049
12. List name and title of each principal, owner, officer, and major shareholder:	a)	Gina Jules, Chief Executive Officer
	b)	Watson Florvilus, Chief Administrative Officer
	c)	
	d)	
13. AUTHORIZED CONTACT(S) FOR YOUR FIRM:	Contact Name 1	Gina Jules
	Title	Chief Executive Officer
	E-Mail	gina.jules@anucorx.com
	Telephone No.	(954) 309-8930
	Fax No.	(888)-614-3890
	Contact Name 2	Watson Florvilus
	Title	Chief Administrative Officer
	E-Mail	watson.florvilus@anucorx.com
	Telephone No.	(954) 319-1041
	Fax No.	(888)-614-3890
14. Has your firm, its principals, officers or predecessor organization(s) been debarred or suspended by any government entity within the last three years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	

15. Has your firm, its principals, officers or predecessor organization(s) ever been debarred or suspended by any government entity? If yes, specify details in an attached written response, including the reinstatement date, if granted.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
16. Has your firm ever failed to complete any services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
17. Is your firm or any of its principals or officers currently principals or officers of another organization? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
18. Have any voluntary or involuntary bankruptcy petitions been filed by or against your firm, its parent or subsidiaries or predecessor organizations during the last three years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
19. Has your firm TM s surety ever intervened to assist in the completion of a contract or have Performance and/or Payment Bond claims been made to your firm or its predecessor TM s sureties during the last three years? If yes, specify details in an attached written response, including contact information for owner and surety.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	

20. Has your firm ever failed to complete any work awarded to you, services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
21. Has your firm ever been terminated from a contract within the last three years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
22. Living Wage solicitations only: In determining what, if any, fiscal impacts(s) are a result of the Ordinance for this solicitation, provide the following for informational purposes only. Response is not considered in determining the award of this contract. Living Wage had an effect on the pricing. If yes, Living Wage increased the pricing by _____% or decreased the pricing by _____%. _____ % _____ %.	Click response	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
	If Yes, provide detailed response	

CRIMINAL HISTORY SCREENING PRACTICES CERTIFICATION FORM

The completed and signed form should be returned with Vendor's submittal. If Vendor does not provide it with the submittal, Vendor must submit the completed and signed form within three business days after County's request. Vendor shall be deemed nonresponsive for failure to fully comply within stated timeframes.

Section 26-125(d) of the Broward County Code of Ordinances ("Criminal History Screening Practices") requires that a Vendor seeking a contract with Broward County, in the amount of \$100,000 or more, shall certify that it has implemented, or will implement upon award of the contract, policies, practices, and procedures regarding inquiry into the criminal history of an applicant for employment, including a criminal history background check of any such person, that preclude inquiry into an applicant's criminal history until the applicant is selected as a finalist and interviewed for the position. The failure of Vendor to comply with Section 26-125(d) at any time during the contract term shall constitute a material breach of the contract, entitling Broward County to pursue any remedy permitted under the contract and any other remedy provided under applicable law. If Vendor fails to comply with Section 26-125(d) at any time during the contract term, Broward County may, in addition to all other available remedies, terminate the contract and Vendor may be subject to debarment or suspension proceedings consistent with the procedures in Chapter 21 of the Broward County Administrative Code.

By signing below, Vendor certifies that it is aware of the requirements of Section 26-125(d), Broward County Code of Ordinances, and certifies the following: (check only one below).

Vendor certifies it has implemented, or will implement upon award of the contract, policies, practices, and procedures regarding inquiry into the criminal history of an applicant for employment, including a criminal history background check of any such person, that preclude inquiry into an applicant's criminal history until the applicant is selected as a finalist and interviewed for the position.

Vendor is exempt from the requirements of Section 26-125(d) of the Broward County Code of Ordinances because Vendor is required by applicable federal, state, or local law to conduct a criminal history background check in connection with potential employment at a time or in a manner that would otherwise be prohibited by this section, or because Vendor is a governmental agency.

AUTHORIZED SIGNATURE/ NAME:  Gina Jules

VENDOR NAME:

TITLE:

DATE:

Revised May 1, 2021

LITIGATION HISTORY FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- There are no material cases for this Vendor; or
- Material Case(s) are disclosed below:

Is this for a: (check type) <input type="checkbox"/> Parent, <input type="checkbox"/> Subsidiary, or <input type="checkbox"/> Predecessor Firm?	If Yes, name of Parent/Subsidiary/Predecessor: <input type="text"/>
	Or No <input type="checkbox"/>
Party	<input type="text"/>
Case Number, Name, and Date Filed	<input type="text"/>
Name of Court or other tribunal	<input type="text"/>
Type of Case	Bankruptcy <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Administrative/Regulatory <input type="checkbox"/>
Claim or Cause of Action and Brief description of each Count	<input type="text"/>
Brief description of the Subject Matter and Project Involved	<input type="text"/>
Disposition of Case (Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.)	Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment Vendor's Favor <input type="checkbox"/> Judgment Against Vendor <input type="checkbox"/> If Judgment Against, is Judgment Satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Opposing Counsel	Name: <input type="text"/> Email: <input type="text"/> Telephone Number: <input type="text"/>

Vendor Name:

Revised May 1, 2021

AGREEMENT EXCEPTION FORM

The completed form(s) should be submitted with the solicitation response. If not submitted with solicitation response, it shall be deemed an affirmation by the Vendor that it accepts contract terms and conditions stated in the solicitation.

The Vendor must provide on the form below, any and all exceptions it takes to the contract terms and conditions stated in the solicitation, including all proposed modifications to the contract terms and conditions or proposed additional terms and conditions. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.

- There are no exceptions to the contract terms and conditions state in this solicitation; or
- The following exceptions are taken to the contract terms and conditions state in this solicitation:
(use additional forms as needed; separate each Article/ Section number)

Term or Condition Article / Section	Insert proposed modifications to the contract terms and conditions or proposed additional terms and condition	Provide brief justification for proposed modifications
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]

Vendor Name: [Jules Enterprise Group, Inc. dba Anuco Rx]

Revised May 1, 2021

AFFILIATED ENTITIES OF THE PRINCIPAL(S) CERTIFICATION

The completed form should be submitted with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may result in Vendor being deemed non-responsive.

- a. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County.
- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Development Program, including County Business Enterprise (CBE), Disadvantaged Business Enterprise (DBE) and Small Business Enterprise (SBE) goal attainment requirements. "Affiliated entities" of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

The Vendor hereby certifies that: (select one)

- No principal of the proposing Vendor has prior affiliations that meet the criteria defined as "Affiliated entities"
- Principal(s) listed below have prior affiliations that meet the criteria defined as "Affiliated entities"

Principal's Name:

Names of Affiliated Entities: //

Principal's Name:

Names of Affiliated Entities: //

Principal's Name:

Names of Affiliated Entities: //

Authorized Signature Name:

Title:

Vendor Name:

Date:

Revised May 1, 2021


DOMESTIC PARTNERSHIP ACT CERTIFICATION FORM (REQUIREMENT AND TIEBREAKER)

Refer to Special Instructions to identify if Domestic Partnership Act is a requirement of the solicitation or acts only as a tiebreaker. If Domestic Partnership is a requirement of the solicitation, the completed and signed form should be returned with the Vendor's submittal. If the form is not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. To qualify for the Domestic Partnership tiebreaker criterion, the Vendor must currently offer the Domestic Partnership benefit and the completed and signed form must be returned at time of solicitation submittal.

The Domestic Partnership Act, Section 16 ½ -157, Broward County Code of Ordinances, requires all Vendors contracting with the County, in an amount over \$100,000 provide benefits to Domestic Partners of its employees, on the same basis as it provides benefits to employees' spouses, with certain exceptions as provided by the Ordinance.

For all submittals over \$100,000.00, the Vendor, by virtue of the signature below, certifies that it is aware of the requirements of Broward County's Domestic Partnership Act, Section 16-½ -157, Broward County Code of Ordinances; and certifies the following: (check only one below).

- 1. The Vendor currently complies with the requirements of the County's Domestic Partnership Act and provides benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses
- 2. The Vendor will comply with the requirements of the County's Domestic Partnership Act at time of contract award and provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses.
- 3. The Vendor will not comply with the requirements of the County's Domestic Partnership Act at time of award.
- 4. The Vendor does not need to comply with the requirements of the County's Domestic Partnership Act at time of award because the following exception(s) applies: **(check only one below)**.
 - The Vendor is a governmental entity, not-for-profit corporation, or charitable organization.
 - The Vendor is a religious organization, association, society, or non-profit charitable or educational institution.
 - The Vendor provides an employee the cash equivalent of benefits. (Attach an affidavit in compliance with the Act stating the efforts taken to provide such benefits and the amount of the cash equivalent).
 - The Vendor cannot comply with the provisions of the Domestic Partnership Act because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation (State the law, statute or regulation and attach explanation of its applicability).


Gina Jules
Authorized Signature/Name

CEO
Title

Jules Enterprise Group, Inc.
Vendor Name

7/1/2021
Date

SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS REQUIREMENT

Request for Proposals, Request for Qualifications, or Request for Letters of Interest

The following forms and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

- A. The Vendor shall submit a listing of all subcontractors, subconsultants and major material suppliers (firms), if any, and the portion of the contract they will perform. A major material supplier is considered any firm that provides construction material for construction contracts, or commodities for service contracts in excess of \$50,000, to the Vendor.
- B. If participation goals apply to the contract, only non-certified firms shall be identified on the form. A non-certified firm is a firm that is not listed as a firm for attainment of participation goals (ex. County Business Enterprise or Disadvantaged Business Enterprise), if applicable to the solicitation.
- C. This list shall be kept up-to-date for the duration of the contract. If subcontractors, subconsultants or suppliers are stated, this does not relieve the Vendor from the prime responsibility of full and complete satisfactory performance under any awarded contract.
- D. After completion of the contract/final payment, the Vendor shall certify the final list of non-certified subcontractors, subconsultants, and suppliers that performed or provided services to the County for the referenced contract.
- E. The Vendor has confirmed that none of the recommended subcontractors, subconsultants, or suppliers' principal(s), officer(s), affiliate(s) or any other related companies have been debarred from doing business with Broward County or any other governmental agency.

If none, check the box below on this form. Use additional form(s) in Periscope S2G.

None -

1. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address:
Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided: //

2. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address:
Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided: //

3. Subcontracted Firm's Name: [Redacted]
Subcontracted Firm's Address: [Redacted]
Subcontracted Firm's Telephone Number: [Redacted]
Contact Person's Name and Position: [Redacted]
Contact Person's E-Mail Address: [Redacted]
Estimated Subcontract/Supplies Contract Amount: [Redacted]


Type of Work/Supplies Provided: //

4. Subcontracted Firm's Name: [Redacted]
Subcontracted Firm's Address: [Redacted]
Subcontracted Firm's Telephone Number: [Redacted]
Contact Person's Name and Position: [Redacted]
Contact Person's E-Mail Address: [Redacted]
Estimated Subcontract/Supplies Contract Amount: [Redacted]

Type of Work/Supplies Provided: //

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge.

Gina Jules



Authorized Signature/Name

CEO

Title

Jules Enterprise Group, Inc

Vendor Name

7/1/21

Date

Revised May 1, 2021

Insurance Requirements: (Refer to the Insurance Requirement Form)

- A. The insurance requirement designated in the Insurance Requirement Form indicates the minimum coverage required for the scope of work, as determined by the Risk Management Division. Vendor shall provide verification of compliance such as a Certificate of Insurance, or a letter of verification from the Vendor's insurance agent/broker, which states the ability of the Vendor to meet the requirements upon award. The verification must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. Final award shall be subject to receipt and acceptance by the County of proof of meeting all insurance requirements of the bid. A party may be debarred for failure of a vendor awarded a contract to provide the required insurance within ten (10) days after demand therefor by the Purchasing Division.
- B. Without limiting any of the other obligations or liabilities of Vendor, Vendor shall provide, pay for, and maintain on a primary basis in force until all of its work to be performed under this Contract has been completed and accepted by County (or for such duration specified), at least the minimum insurance coverage and limits set forth in the Insurance Requirement Form under the following conditions listed below. If a limit or policy is not indicated on Insurance Requirement certificate by a checked box, it is not required as a condition of this contract.
1. Commercial General Liability with minimum limits per occurrence, combined single limit for bodily injury and property damage, and when indicated a minimum limit per aggregate. County is to be expressly included as an Additional Insured in the name of Broward County arising out of operations performed for the County, by or on behalf of Vendor, or acts or omissions of Vendor in connection with general supervision of such operation. If Vendor uses a subcontractor, then Vendor shall require that subcontractor names County as an Additional Insured.
 2. Business Automobile Liability with minimum limits per occurrence, combined single limit for bodily injury and property damage. Scheduled autos shall be listed on Vendor's certificate of insurance. County is to be named as an additional insured in the name of Broward County.

Note: Insurance requirements for Automobile Liability are not applicable where delivery will be made by a third party carrier. All vendors that will be making deliveries in their own vehicles are required to provide proof of insurance for Automobile Liability and other pertinent coverages as indicated on the Insurance Requirement certificate, prior to award. If deliveries are being made by a third party carrier, other pertinent coverages listed on the Insurance Requirement certificate are still required.

Vendor should indicate how product is being delivered:

Vendor Name:

Company Vehicle: Yes or No

If Common Carrier (indicate carrier):

Other:

3. Workers' Compensation insurance to apply for all employees in compliance with Chapter 440, the "Workers' Compensation Law" of the State of Florida and all applicable federal laws. The policy must include Employers' Liability with minimum limits each accident. If any operations

LOBBYIST REGISTRATION REQUIREMENT CERTIFICATION

The completed should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

The Vendor certifies that it understands if it has retained a lobbyist(s) to lobby in connection with a competitive solicitation, it shall be deemed non-responsive unless the firm, in responding to the competitive solicitation, certifies that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances; and it understands that if, after awarding a contract in connection with the solicitation, the County learns that the certification was erroneous, and upon investigation determines that the error was willful or intentional on the part of the Vendor, the County may, on that basis, exercise any contractual right to terminate the contract for convenience.

The Vendor hereby certifies that: (select one)

- It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if retained after the solicitation, the County will be notified.
- It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances.

It is a requirement of this solicitation that the names of any and all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist:
Lobbyist's Firm:
Phone:
E-mail:

Name of Lobbyist:
Lobbyist's Firm:
Phone:
E-mail:


Gina Jules
Authorized Signature/Name

TITLE

Vendor Name

DATE

Revised May 1, 2021

VENDOR REFERENCE VERIFICATION FORM

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VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Anuco RX			
Reference Date:	July 6, 2021			
Organization/Firm Providing Reference:	Gelin Benefits Group, LLC			
Contact Name:	Mike Gelin			
Contract Title:	President			
Contact Email:	mike@gelinbenefitsgroup.com			
Contact Phone:	(954) 260-0181			
Name of Referenced Project:	Pharmacy Review for Onsite Clinic and Self Funded Transition			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 10/1/2019	End Date: Current		
Project Amount:	\$65,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Analyze prescription drug list offered by insurance carriers and make recommendations for cost saving to the PDL list. Provide recommendations on the list of drugs offered at the new on site health clinic.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<small>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:		Division:	
			Date:	

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VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco Rx			
Reference Date:	6/26/2021			
Organization/Firm Providing Reference:	Wellpath			
Contact Name:	Tamika Hawkins			
Contract Title:	Corporate Clinical Operations Specialist			
Contact Email:	tamhawkins@wellpath.us			
Contact Phone:	813-439-7009			
Name of Referenced Project:	Pharmacy Management and Consulting Services			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2017	End Date: ongoing		
Project Amount:	300,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Oversee pharmacy operations for our facilities. This includes overseeing the day-to-day operations of the facility, charge of ensuring the correct medications are in stock, managing inventory levels, inspections, audits, P&P S				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via:	<input type="checkbox"/> Email	Verified by:	Division:	
	<input type="checkbox"/> Verbal		Date:	

6/26/2021

Vendor Reference -Anuco Rx

Company - WellPath

Point of Contact - Tamika Hawkins, Corporate Clinical Operations Specialist

To whom it may concern:

Dr. Jules and her team has assisted us with our pharmacy operations and management throughout the country. They have assisted with us with:

- Planning, monitoring, and administration of clinical, administrative, and distributive pharmaceutical services.
- Develop, recommend, and implement pharmacy policy and procedures; ensure pharmacy compliance with state and federal laws, rules, and regulations.
- Provide guidance, direction, and training to medical staff.
- Prepare the pharmacy for survey and accreditation readiness.

They're a great partner and always responsive. What we appreciate most about Anuco is the hand-on approach with the comprehensive corporate clinical and executive team. Each person brings a specific niche that just pulls everything together. Dr. Jules and her team have sat with us through client meetings and committees always bringing value to the table.

They were truly a partner when we rolled out our Suboxone, Vivtrol and other evidence-based medications program as part of our integrated plan of substance abuse care that treats the whole person. The onsite and corporate clinical team worked with the pharmaceutical company, community and grass-root organizations to help us enhance and increase access to care, compliance and resources. Their approach and involvement through this process was seamless you couldn't tell we were two different entities because we had one goal.

Anuco's communication and passion is very evident in their leader and overall company. Dr. Jules is not just the CEO but a pharmacist that has a passion for making a difference. She is very accessible to all of our sites admin and medical staff. She's always bringing innovative solutions to the table to prevent us from being stagnant. I highly recommend Anuco Rx for this opportunity.

Sincerely,

Tamika Hawkins
Corporate Clinical Operations Specialist
tamhawkins@wellpath.us

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VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco Rx			
Reference Date:	6/27/2021			
Organization/Firm Providing Reference:	Wexford Health			
Contact Name:	Edward McNeil			
Contract Title:	Client Relations Director			
Contact Email:	emcneil@wexfordhealth.com			
Contact Phone:	404-862-7110			
Name of Referenced Project:	Pharmacy Consultant and Management			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2018	End Date: ongoing		
Project Amount:	300,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Oversee pharmacy ops. for our facilities. Assist with accreditation audits and CAPs, P&P devlp. pharmacy mgmt., budget & inventory, formualry mgmt., inspections, education and optimizing pharmacy program.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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			Date:	

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VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services

Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco Rx		
Reference Date:	6/24/2021		
Organization/Firm Providing Reference:	Geo Care		
Contact Name:	Dr. Derrick Schofield		
Contract Title:	EVP, Continuum of Care and Reentry Services		
Contact Email:	dschofield@geocareinc.com		
Contact Phone:	561-504-0294		
Name of Referenced Project:	Pharmacy Consultant and Managment		
Contract Number:	N/A		
Date Range of Services Provide:	Start Date: 2018	End Date: ongoing	
Project Amount:	250,000		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
Assist with cost efficiencies, performance gains, and clinical improvements of our pharmacy operations.
Provide great impact across the organization — from staffing and workflow to supply chain management.

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Verified via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:	Division:	
		Date:	

EXHIBITS

In-House Pharmacy Management Services

RFP BID#

GEN2120540P1

EXHIBIT A—Pharmacy Equipment (NexsysADC)



Meds Secured. ROI Assured.

© 2019 Capsa Healthcare | Proprietary + Confidential

Who is Capsa Healthcare?

- U.S. based company with headquarters in:
 - Portland, OR
 - Columbus, OH
 - Charlotte, NC
 - Chicago, IL
 - Mississauga, ON
- Domestic engineering and manufacturing facilities in Portland, OR, Columbus, OH & Mexico
- 50+ years of healthcare business experience
- Global reach with customers in over 90 countries

Recognized leader in:

- Acute Care
- Extended Care
- Pharmacy



Portland, OR



Charlotte, NC



Columbus, OH



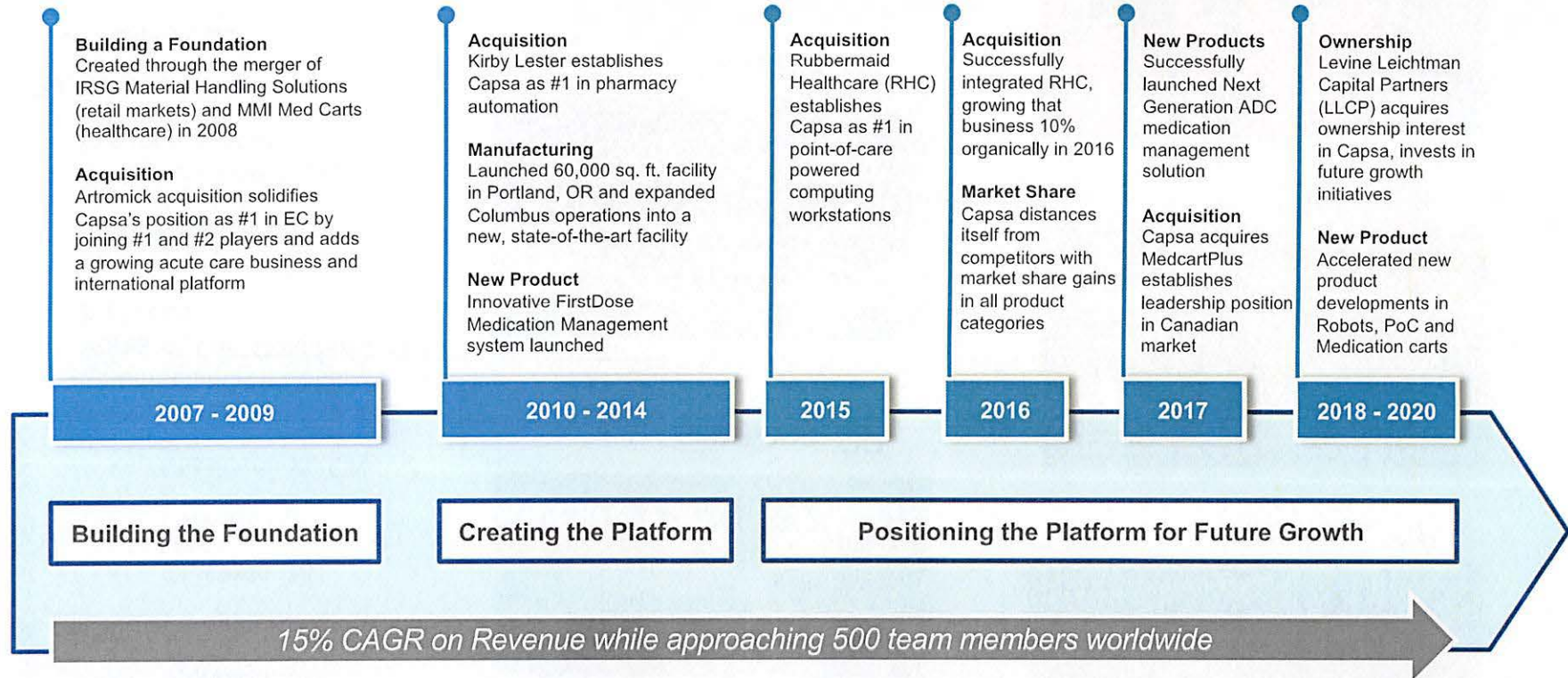
Chicago, IL



Mississauga, ON

Established History of Innovation and Growth

Capsa has consistently grown throughout its 50+ year history and has established #1 market positions across each of its major end markets



Positioned for Growth



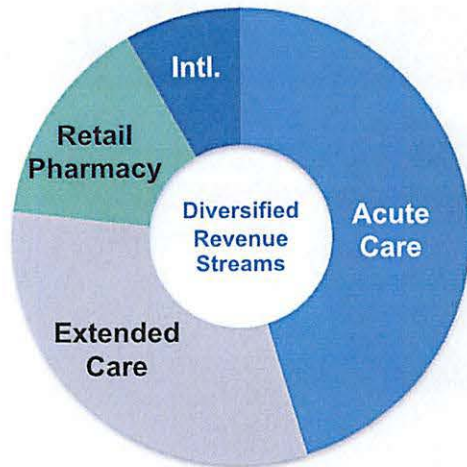
Sustaining Value

Leadership

Medical technology leader with diverse market-leading positions

Revenue by Business

As of 12/31/19

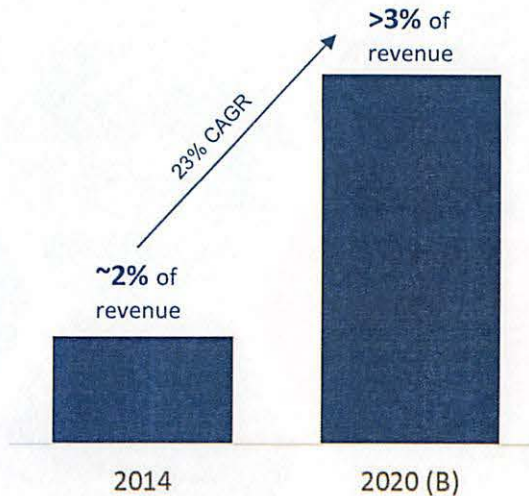


Innovation

Elevating performance and outcomes through innovation

Increased Investment in R&D

As of 12/31/19

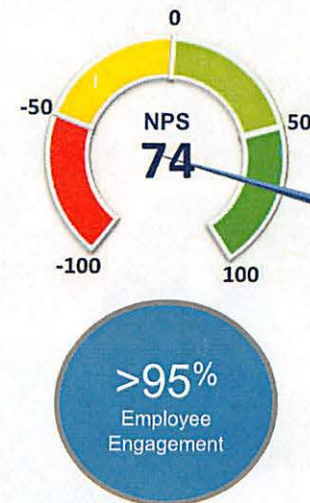


Value

Delivering value across stakeholder groups

Key Valuation Metrics

As of 12/31/19



Meet NexsysADC

Capsa Healthcare's *next generation* medication management platform

- Developed with our customers' requirements and needs to make a practical, configurable, and secure ADC
- An important evolution of Capsa's FirstDose

New NexsysADC: Practical Automated Dispensing Technology

- Configurable Security & Storage For A Variety of Healthcare Settings
- Efficient Stat Dose/1st Dose/E-kit Delivery
- Fast ROI Without Compromise
 - NexsysADC costs 40% less than traditional ADC systems
 - Eliminates courier & emergency deliveries
 - Saves FTE time
 - Increases charge capture
- Streamlined Replenishment & Inventory



What is NexsysADC?

The simplest, most secure system to fully control the onsite storage of medications & supplies, so your patient's right dose is always on-hand exactly when it is needed

The Practical ADC

- Configurable and customizable
- Secure handling of controlled and high-value medications
- Superior management of Stat doses, 1st doses, E-kits
- Streamlined replenishment & inventory
- Fast ROI without compromise
- Suits a host of healthcare environments:
 - Extended Care/Nursing Homes
 - Critical Access Hospitals
 - Surgery Centers
 - Residential Care Facilities
 - Rehab & Psych Environments
 - Animal Health
 - Dental Clinics
 - Hospice
 - Education Simulation

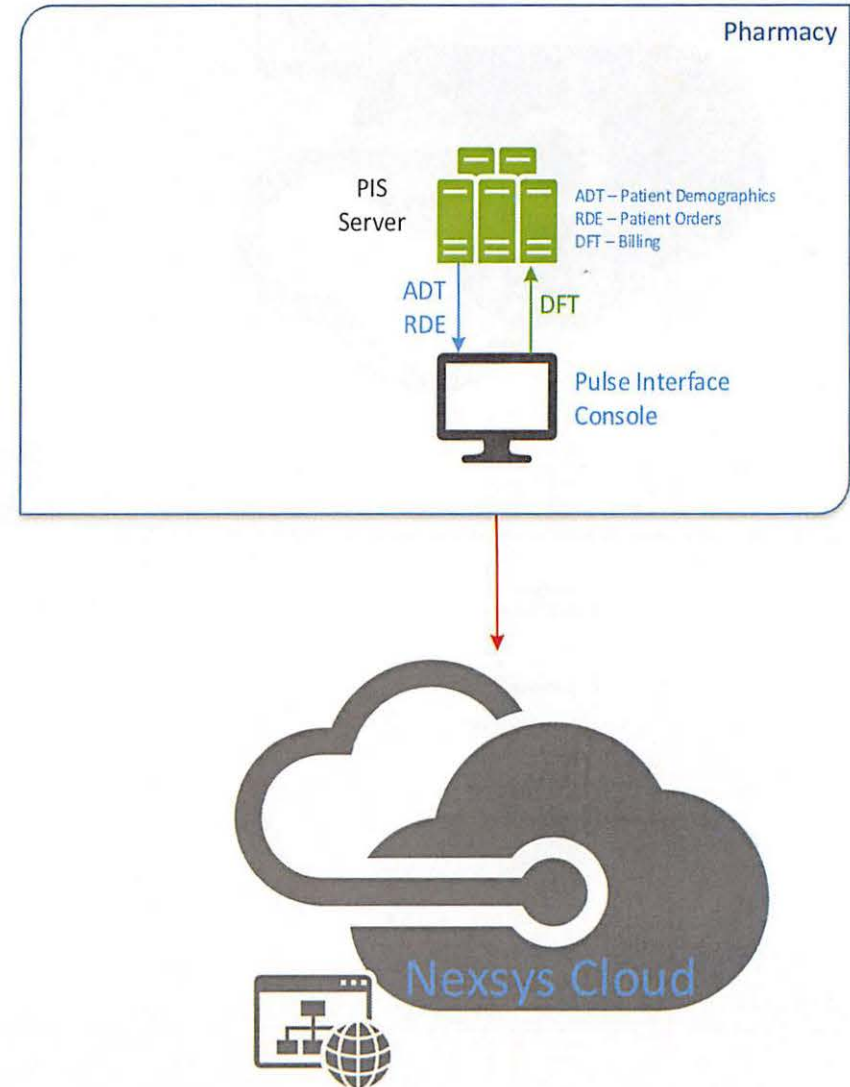


▪ Robust Cloud Solution

- Backed by a robust Cloud service
- Built-in server redundancy
- Transactional data maintained for historical use

▪ Uncompromised Security

- Capsa is ISO 27001 Information Security Certified
- Data is encrypted from cabinet to Cloud
- HIPAA data stays secure
- Meets ISMP Guidelines



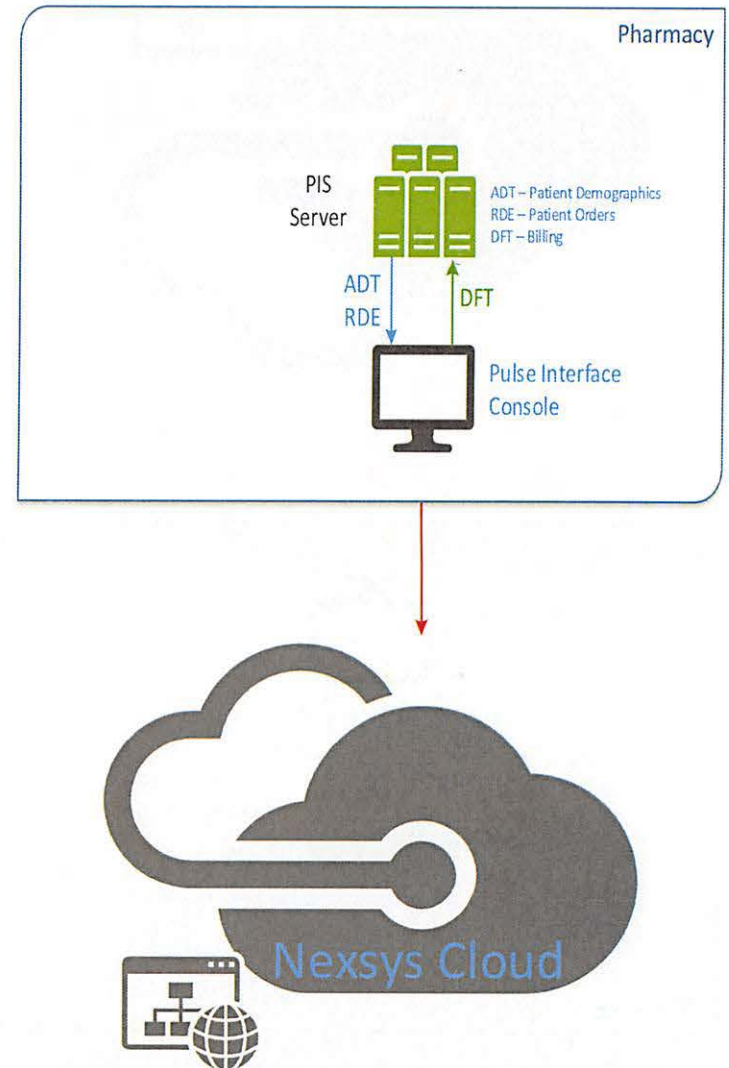
System Overview

Integration

- Standard 2-Way HL7 interface
 - ADT: Patient demographics
 - RDE: Patient orders
 - Usage/Billing data back to the pharmacy system
 - Compatible with DocuTrack

Pulse Interface

- Required between Nexsys and your software vendor to receive the HL7 messages
- Can be placed on your existing sever, or purchase one from Capsa
- We can provide the requirements for your Information Technology Specialist to review



▪ Why Interface?

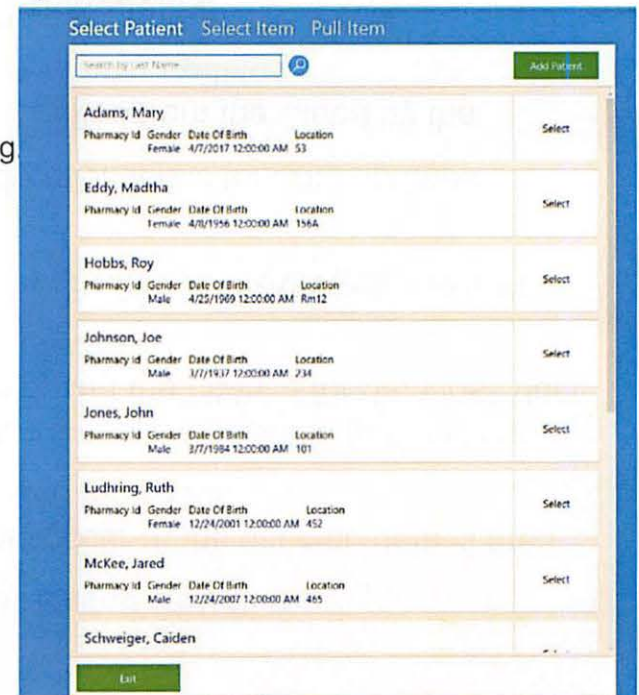
- ADT
- Keeps current Patients and Clients
- If more than one Nexsys, displays only at appropriate Nexsys location
 - Admission- Adds to assigned Nexsys ADT
 - Transfers- Transfers to new room/bed number. Discharges- Removes from Nexsys screen

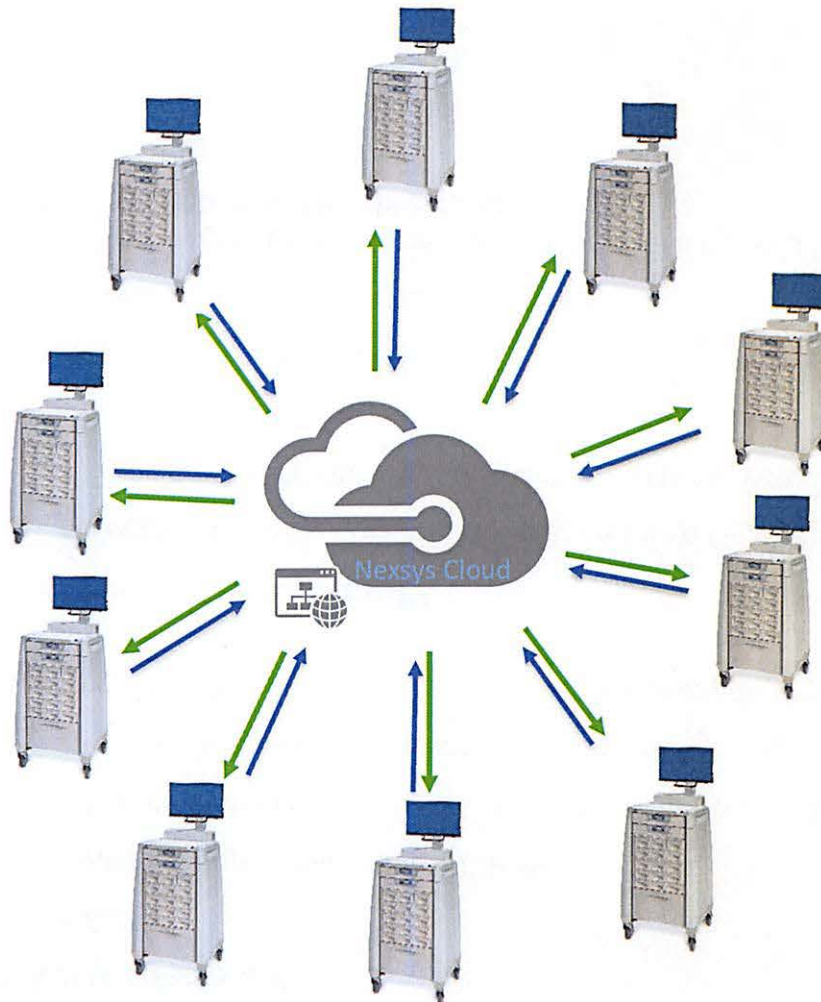
▪ Why is ADT Important?

- Keeps current Patients names on appropriate Nexsys screen
- Discharges removes the Patients name making them unavailable for dispensing

▪ Why is this important?

- Ease of use to find the active Patients
- Closes opportunities for diversion by dispensing on a Patient who is no longer a active patient.





▪ Application-Based Solution

- As events occur at the cabinet, data is then replicated to the Cloud
- Ensures a smooth replication to the Cloud and eliminating the chance for data loss due to poor network

▪ As events occur in the Cloud (e.g., setting changes...)

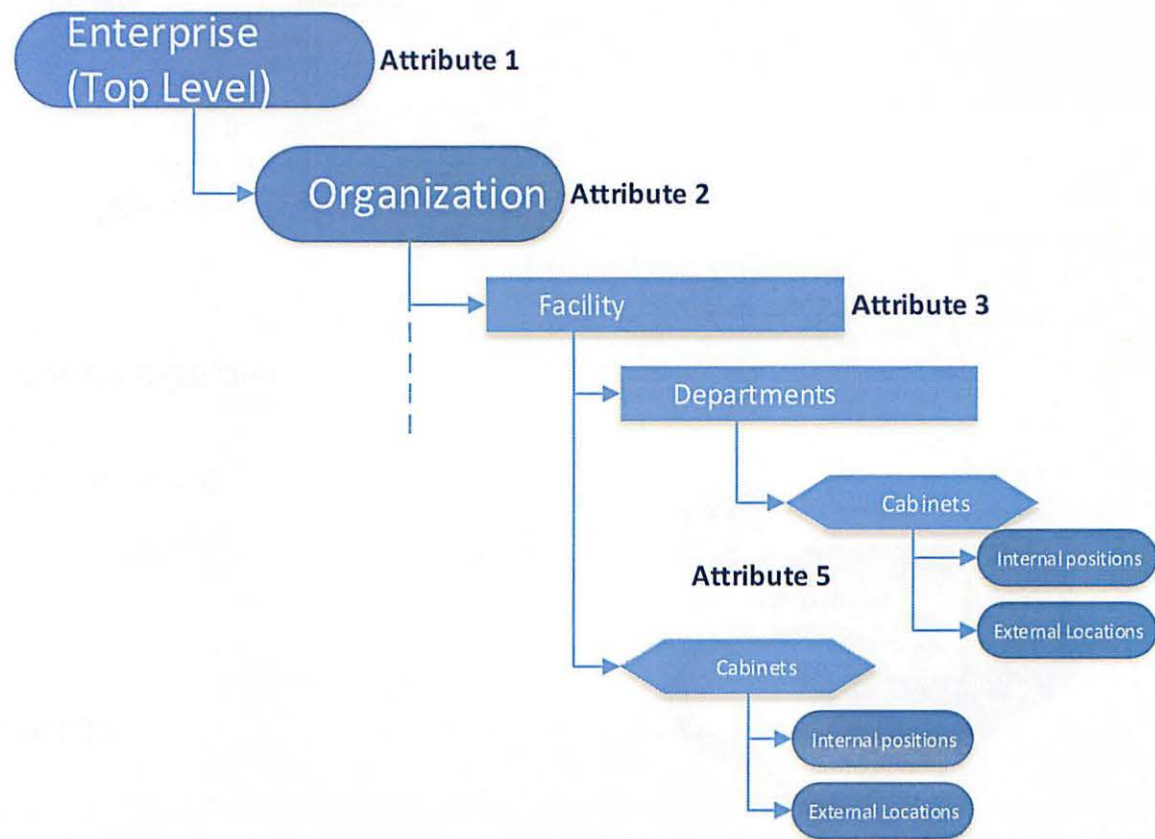
- The application looks for data updates
- Then is it pulled from the Cloud by the cabinet in regular updates

▪ Off- Line Functionality

- Uninterrupted Power Source,(UPS)
- Data stored at Nexsys cabinet until reconnected to the cloud

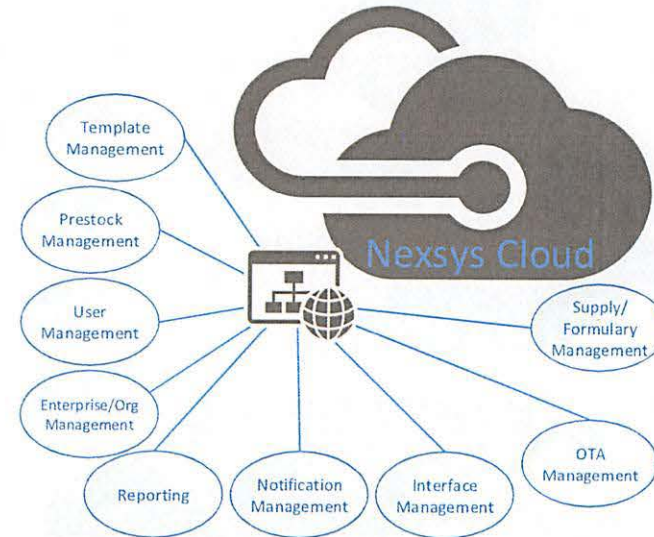
▪ **Enterprise Design**

- Built for multi-level organizational structure
- Allows for compartmentalizing your facilities

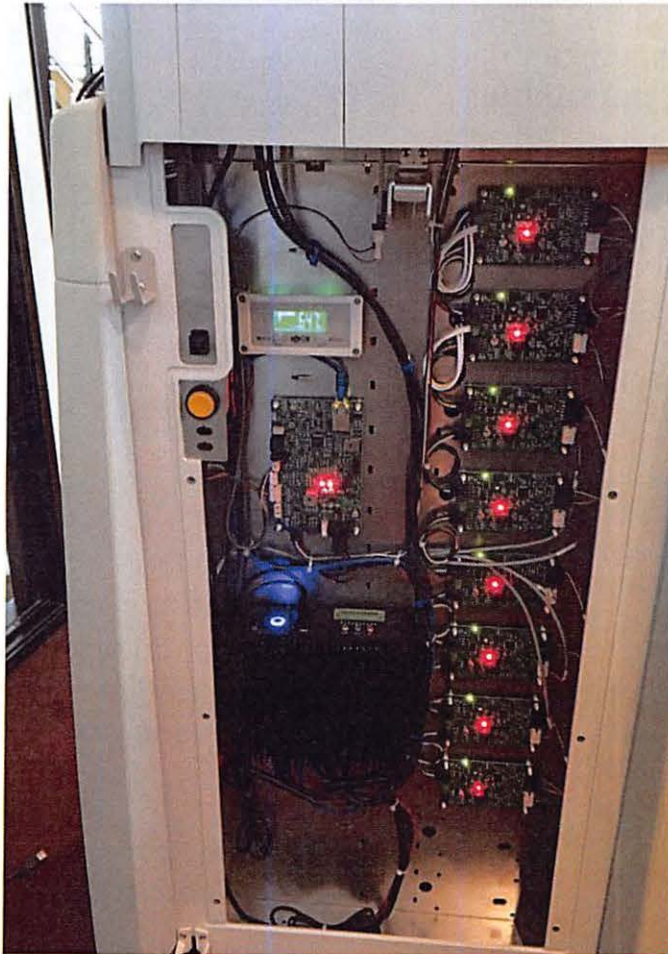


▪ **Online Portal For 24x7 Access To:**

- All admin functions
- Reporting
- Organization structure
- Remote management (OTA, Password reset, Deployment templates)
- Manage all NexsysADC cabinets from one central place



Behind the Back Control Panel



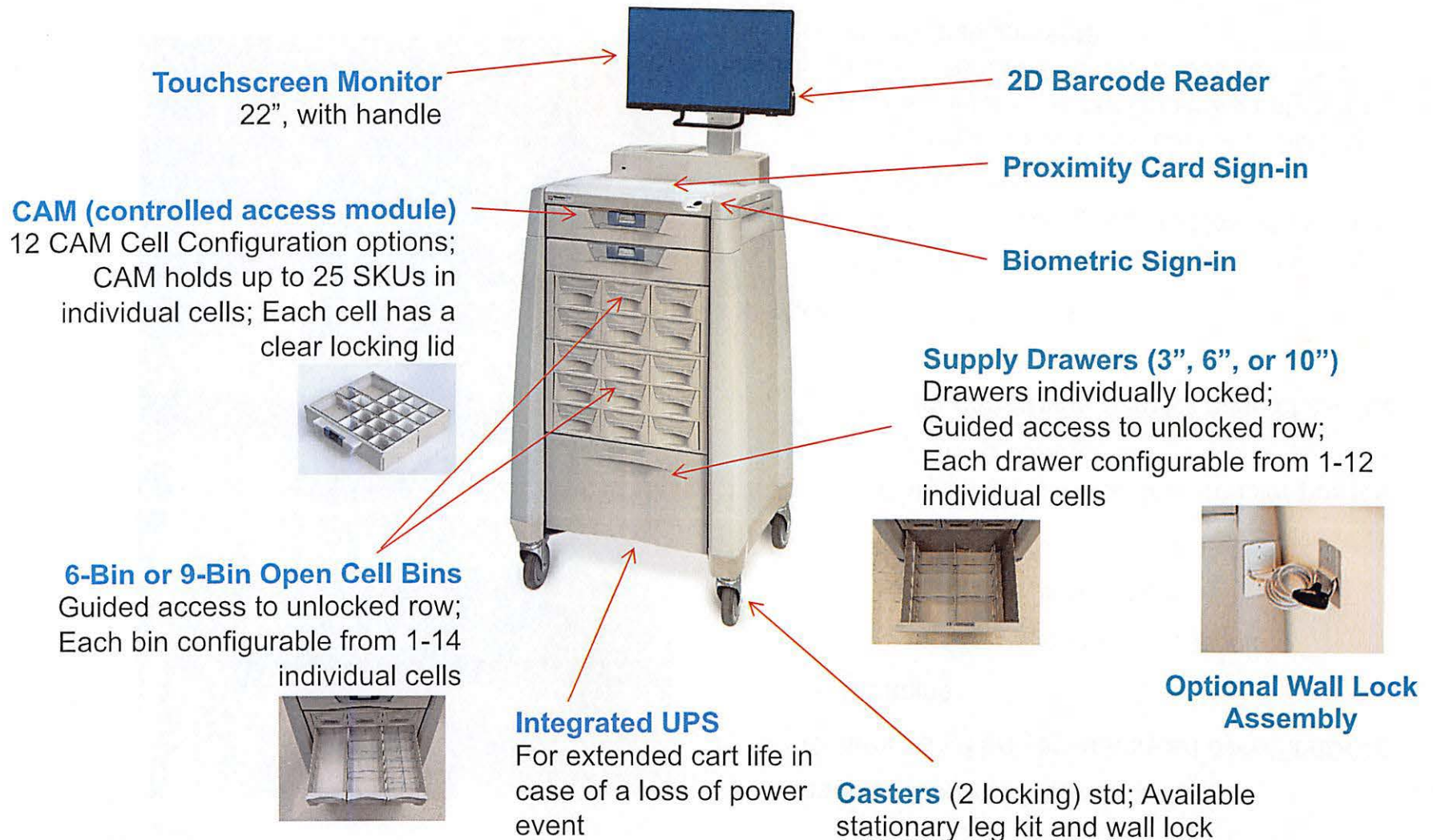
▪ Enhanced Control Functionality

- Control panel greatly enhanced over FirstDose
 - Contains
 - » Override switch for the cassettes
 - » Reboot software button
 - » Fanless PC
 - » Component controls for each tier position within the cabinet
 - » Color coded wire path for ease of service

▪ Simplified Deployment

- Cabinets will arrive preconfigured for facility and ready for assigning and loading for the customers site
- When adding additional cabinets, with the same content, the customer will only need to apply a template to set up positions and supply assignments

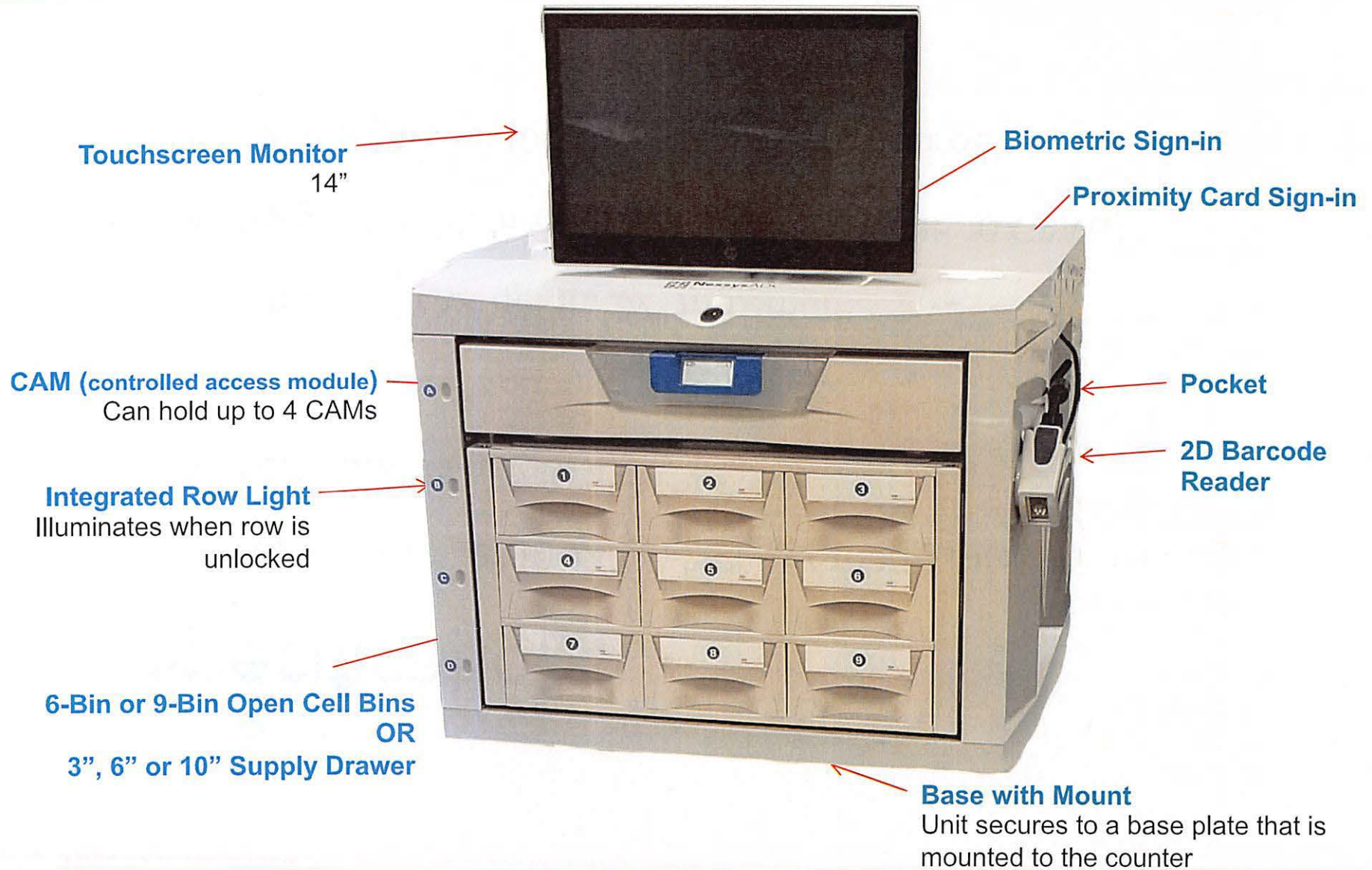
Nexsys Main Cabinet Components



Specifications

- Cabinet size 43"(h) 24"(d) 25"(w) / 109(h) 61(d) 65(w)cm
- Work surface height 43"
- Adjustable 22" touchscreen monitor
- Top of monitor height 67" maximum
- Weight 145 lbs (empty) up to 350 lbs (with 10 CAMs)
- Capacity up to 400 SKUs (highly configurable)

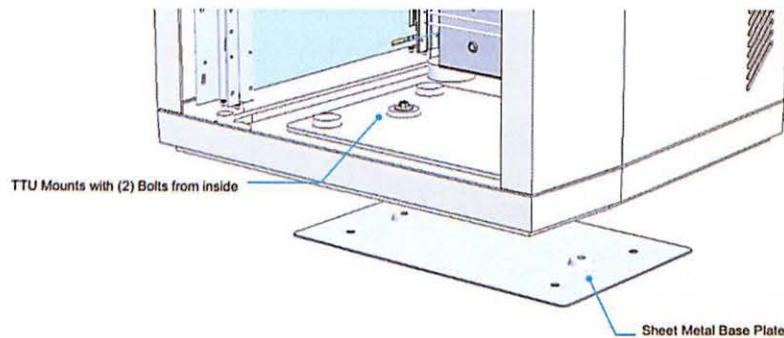
Nexsys 4T Components



NexsysADC 4T Tabletop Cabinets

■ Additional Nexsys 4T Features

- Designed to fit between standard height countertop and overhead hanging cupboards
- UPS, (Uninterrupted Power Source) sits on the countertop next to Nexsys 4T
- Utilizes the same software and hardware technology as the Nexsys Main Cabinet
- Mounting plate to secure Nexsys 4T to the countertop to prevent injuries or moving



NexsysADC 4T Tabletop Cabinets



1-CAM (NXTC-X1-C01-D000)

- Up to 25 locking cells
- Holds up to 150 SKUs



2-CAM (NXTC-X2-C10-D000)

- Up to 50 locking cells
- Holds up to 134 SKUs



4-CAM (NXTC-X4-C00-D000)

- Up to 100 locking cells
- Holds up to 100 SKUs

Higher Capacity Configurations



- NXC-X01-N0-C02-D001**
- (1) CAM
 - (2) 3-Tier Cassette Modules
 - (1) 10" Supply Drawer
 - Max # of SKUs: **287**



- NXC-X02-N0-C12-D001**
- (2) CAMs
 - (1) 2-Tier Cassette Module
 - (1) 3-Tier Cassette Module
 - (1) 10" Supply Drawer
 - Max # of SKUs: **270**



- NXC-X02-N0-C40-D000**
- (2) CAMs
 - (4) 2-Tier Cassette Modules
 - Max # of SKUs: **386**

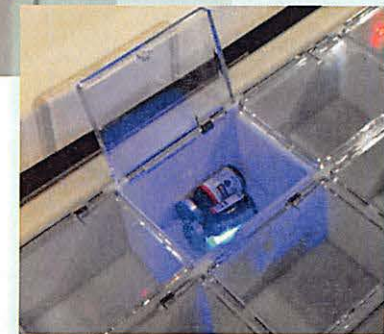


- NXC-X03-N0-C23-D000**
- (3) CAMs
 - (2) 2-Tier Cassette Modules
 - (1) 3-Tier Cassette Module
 - Max # of SKUs: **369**

▪ Clear, Guided Access to the Right Location

- CAMs: The CAM and cell that is being accessed will light up, guiding the user to the correct location.
- Bin Modules: Light bar along cabinet side lights up, only that row (tier) unlocks
- Drawers: Light bar along cabinet side lights up, only that drawer unlocks
- Onscreen visual display guides the user to the correct position

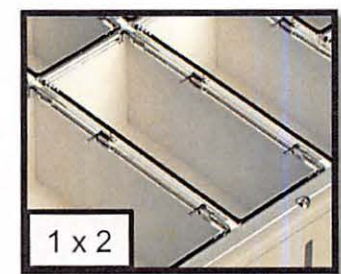
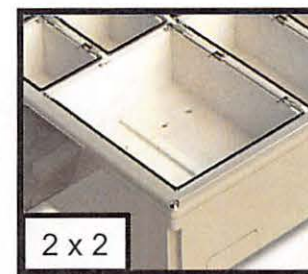
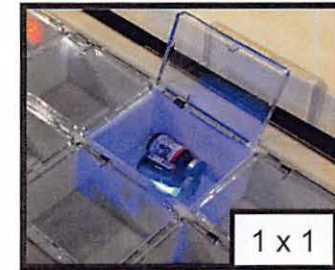
Guided access for CAMs



Guided access for bin modules,
supply drawers

Controlled Access Module

- **CAMs: The heart of NexsysADC**
- **Controlled meds, high-value meds**
- **Up to 25 individually locking cells**
 - Sizes: 1x1, 1x2, 2x2
 - » **Cell Sizes:**
 - » 1x1 (2.76" w x 2.37" d x 2"h)
 - » 1x2 (5.78" w x 2.37" d x 2"h)
 - » 2x2 (5.78" w x 4.86" d x 2"h)
- Correct med cell lights, clear lid opens
- Individually powered with a 2-cell LiON smart battery
- Wirelessly charged when in docking station or cabinet
- Onscreen alerts for battery level, warnings, open cell



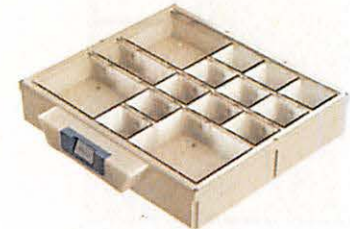
Control Access Module (CAM) Configurations



CAM #207035 = 25 SKUs



CAM #207039 = 19 SKUs



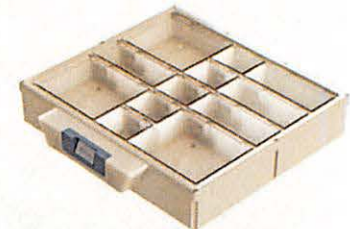
CAM #207043 = 15 SKUs



CAM #207036 = 20 SKUs



CAM #207040 = 18 SKUs



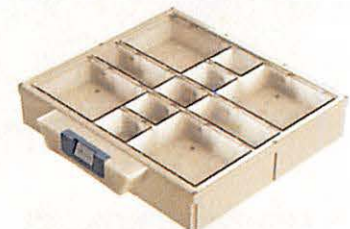
CAM #207044 = 12 SKUs



CAM #207034 = 15 SKUs



CAM #207041 = 19 SKUs



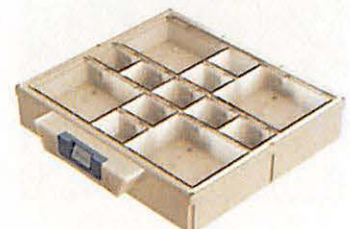
CAM #207045 = 11 SKUs



CAM #207038 = 22 SKUs



CAM #207042 = 16 SKUs



CAM #207046 = 13 SKUs

CAM Cell Specifications

1 x 1 (2.76" w x 2.37" d x 2" h)

1 x 2 (5.78" w x 2.37" d x 2" h)

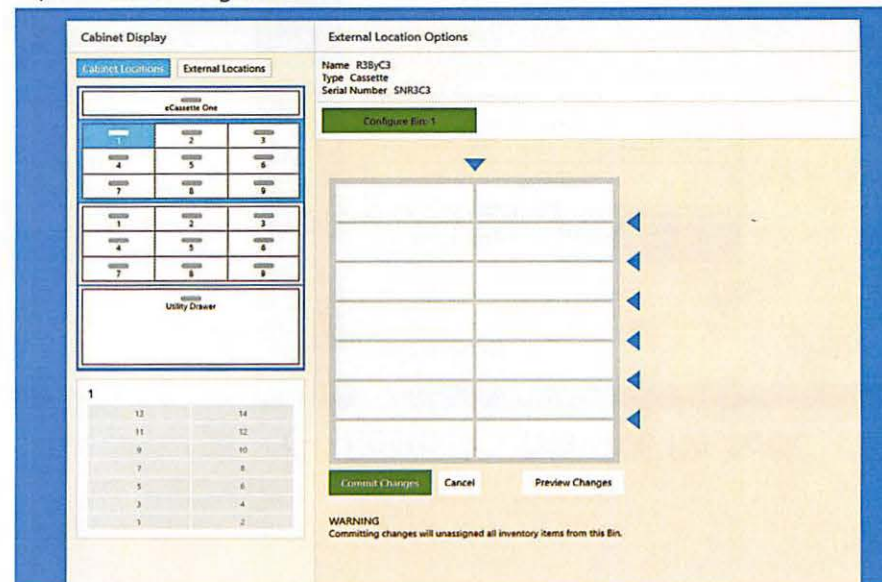
2 x 2 (5.78" w x 4.86" d x 2" h)

6-Bin, 9-Bin Cassette Modules

- **Routine Meds & Non-Controlled Doses Efficiently Managed**
- Cassettes are standard 5 ½ " matrix bins
- Available configurations:
 - 2-Tier containing 6 bins
 - 3-Tier containing 9 bins
- Configure bin within NexsysADC software
- Configurable from 1-14 positions
- Cassette row lights up
- Cassettes locked to the row level

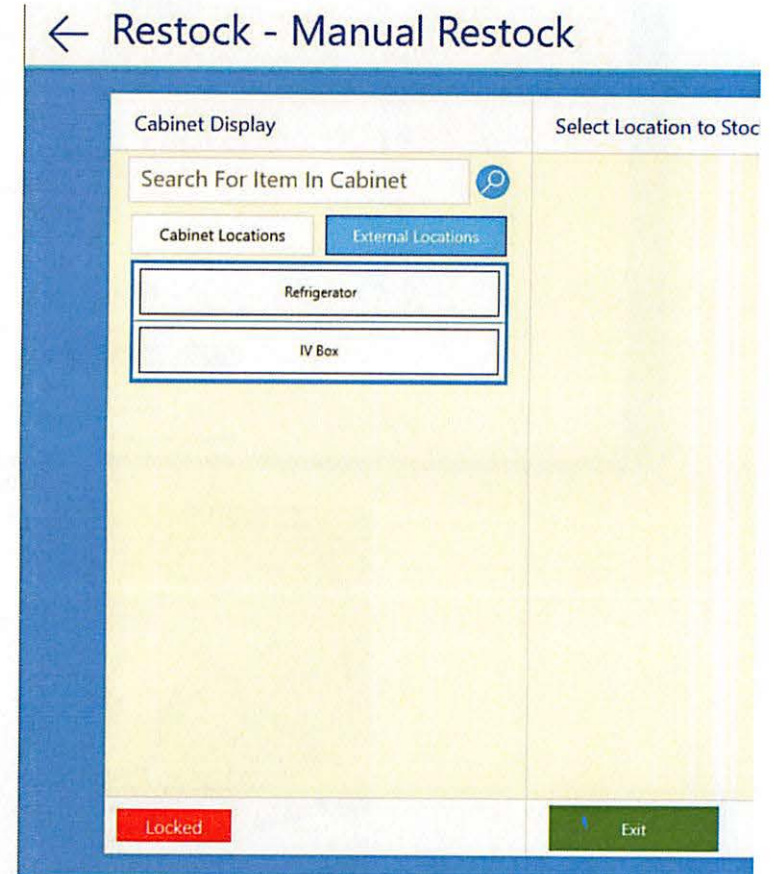


← Cabinet Configuration



▪ Tracking and Tracing of External Locations within Nexsys Software

- Ideal Workflow for items that are outside of Nexsys cabinet, however still want to be inventoried.
 - Refrigerated items
 - IV Box or stock on shelves
 - Larger items in cupboard
 - Controlled Substances in safe



Restocking Workflow Choices

Replenishment & Restocking

Pharmacist has complete oversight of the inventory inside each NexsysADC cabinet. This is accessible 24/7 via cloud connection.

- Full medications stock list
- Meds near or below par level
- Meds near or out of expiration, or inactive

Option 1:

Manual Onsite Refilling

Medications are restocked at the NexsysADC cabinet. Added functionality: Allows you to barcode-scan each medication to open the appropriate assigned position.



Option 2:

Pre-Stock

(Maximize Restocking Efficiency)

Medications are restocked using the NexsysADC online portal to create a restock action item. This addresses all items to be restocked (assign quantities, update lot and expiration date). An icon will display on the cabinet screen for an approved user to complete the guided restocking onsite.



← Restock - Manual Restock ☰

Cabinet Display

Search For Item In Cabinet

Cabinet Locations External Locations

CAM 207040-001713		
1	2	3
4	5	6
7	8	9

5	6
3	4
1	2

Unlocked

Modify Location Item

Atropine Sulfate 0.1mg/ml Solution for Injection Unassign This Item

Trade Name: N/A
Generic Name: Atropine Sulfate
Form: Inj Sol
Package
Lot Number:
Expiration Date Minimum Maximum
9/5/2019 0 1

Quantity
0

Edit Lot Numbers

Update Min/Max

Add Inventory

Quantity	Expiration Date	Lot Number
5 <input type="text"/>	June 1 2023	BA158D

Add

Remove Inventory

Quantity	Remove Type	Remove Reason
----------	-------------	---------------

Exit

Unlock Drawer

▪ Simple, Intuitive Interface

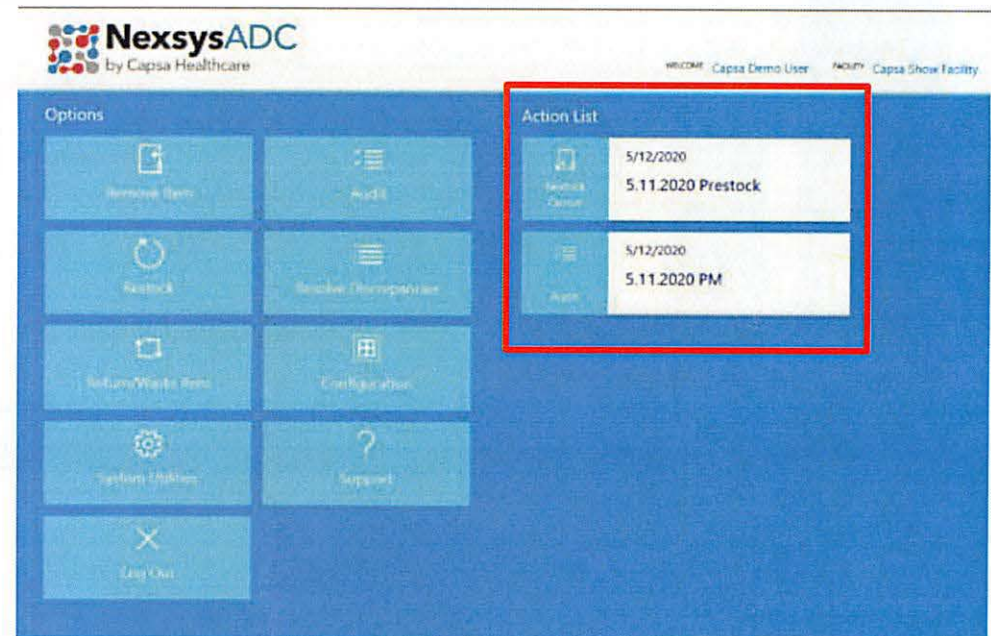
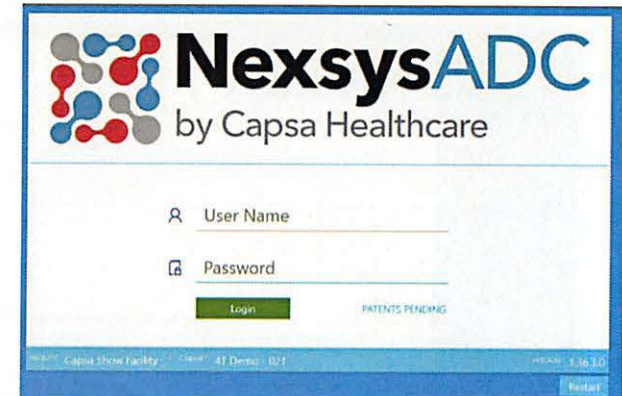
- NexsysADC user interface is designed with ease-of-use, efficiency, speed
- Action Item list
 - Displays shortcuts to instant actions specific to the user (pre-authorized OTA, Prestock, Audits etc.)

▪ Flexible Dispensing Workflow

- Set up as either Profiled or Picklist dispense
- Seamlessly integrates into your pharmacy system
- If not interfaced, NexsysADC will build your patient list as they are entered

▪ Flexible Restocking For Different Workflow Needs

- CAM/Cassette Exchange
- Onsite Replenishment
- Prestock Replenishment



Select Patient

← Remove Item

Select Patient Select Item Pull Item

🔍

Add Patient

Adams, Mary				Select
Pharmacy Id	Gender	Date Of Birth	Location	
	Female	4/7/2017 12:00:00 AM	53	
Eddy, Madtha				Select
Pharmacy Id	Gender	Date Of Birth	Location	
	Female	4/8/1956 12:00:00 AM	156A	
Hobbs, Roy				Select
Pharmacy Id	Gender	Date Of Birth	Location	
	Male	4/25/1969 12:00:00 AM	Rm12	
Johnson, Joe				Select
Pharmacy Id	Gender	Date Of Birth	Location	
	Male	3/7/1937 12:00:00 AM	234	
Jones, John				Select
Pharmacy Id	Gender	Date Of Birth	Location	
	Male	3/7/1984 12:00:00 AM	101	
Ludhring, Ruth				Select
Pharmacy Id	Gender	Date Of Birth	Location	
	Female	12/24/2001 12:00:00 AM	452	
McKee, Jared				Select
Pharmacy Id	Gender	Date Of Birth	Location	
	Male	12/24/2007 12:00:00 AM	465	
Schweiger, Caiden				...

Exit

Select Patient Steps

- Use the Search Box to search for Patients by last name
- Select Patient by tapping the Select button
- Add new Patient by tapping the Add Patient button

Enter New Patient Information


← Remove Item

Select Patient Select Item Pull Item

Enter New Patient Information

New Patient

First Name Middle Name Last Name

MM / DD / YYYY  Female ▾

Commit Exit

Select Patient Steps

- Use the Search Box to search for Patients by last name
- Select Patient by tapping the Select button
- Add new Patient by tapping the Add Patient button

← Remove Item

Select Patient Select Item Pull Item

Enter New Patient Information

New Patient

First Name Middle Name Last Name

Date of Birth Gender Location

month day year Female ▾

Address 1

Address 2

City State/Province

Postal Code Country

Save Exit

New Patient Information

- Manually enter when:
 - Not interfaced
 - Patient admission not completed
 - Nexsys working in offline mode
- Expanded Patient Information version available
 - Will be utilized for patient labeling

Picklist- Remove Screen

← Remove Item

Select Patient Select Item Pull Item

BUCK, TANIA
29407D/EJ Female 8/22/1971 12:00:00 AM 1st Floor/Wing C/Room 4

Search

Generic Name: ARIPIPIRAZOLE
Drug Code: ABIL1030
NDC: 378300501
Form Strength Dosage
TAB Sample Strength 10 MG

Select

ABILIFY 9.75MG/1.3 ML VIAL

Generic Name: ARIPIPIRAZOLE
Drug Code: ABIL9713V
NDC: 59148000713
Form Strength Dosage
ML Sample Strength Sample Dosage

Select

ACETAMINOPHEN 325 MG TAB "OTC"

Generic Name: ACETAMINOPHEN
Drug Code: ACET288C
NDC: 51672402301
Form Strength Dosage
TAB Sample Strength Sample Dosage

Select

ACETAMINOPHEN 500 MG TABLET

Generic Name: ACETAMINOPHEN
Drug Code: 10135015
NDC: 904645780
Form Strength Dosage
TAB Sample Strength 500 MG

Select

Back

Selected Items

ABILIFY 10 MG TABLET Deselect

Generic Name: ARIPIPIRAZOLE
Drug Code: ABIL1030
NDC: 378300501
Form Strength Dosage
TAB Sample Strength 10 MG

Quantity
2
Tap to edit

BISOPROLOL FUMARATE 5 MG TAB Deselect

Generic Name: BISOPROLOL FUMARATE
Drug Code: BISOF530G
NDC: 40985027116
Form Strength Dosage
TAB Sample Strength Sample Dosage

Quantity
1
Tap to edit

FUROSEMIDE * 10 MG/ML VIAL Deselect

Generic Name: FUROSEMIDE
Drug Code: FURO10V4
NDC: 49502050002
Form Strength Dosage
ML Sample Strength Sample Dosage

Quantity
1
Tap to edit

Next

Select Item Steps

- Use the Search Box to search for Items by Brand Name
- Select Item by tapping the Select button
- Tap the Next button to start pulling items

Patient Profiling- Remove Screen

← Remove Item

Select Patient
Select Item
Pull Item

WHITAKER, AVERY
2908WJIT Male 2/26/1934 12:00:00 AM 1st Floor/Wing C/Room 4

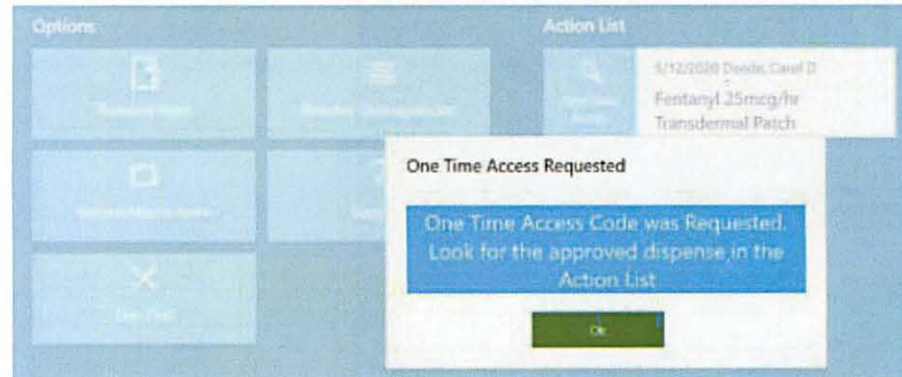
					Override	Selected Items			
TYLENOL #3 (ACETAMINOPHEN-CODEINE 300-30) 300-30 MG TAB					Select	TYLENOL #3 (ACETAMINOPHEN-CODEINE 300-30) 300-30 MG TAB Deselect			
Order Number	Intended Qty	Form	Strength	Dosage		Generic Name: ACETAMINOPHEN-CODEINE 300-30 Drug Code: ACET3 NDC: 00406048401 Form Strength Dosage TAB 300-30MG 1			
29081001	1	TAB	300-30MG	1		Quantity 1			
Route	Prescribing Physician	Order Start	Order Stop		DELTAONE (PREDNISONE) 10 MG TAB Deselect				
Oral	Dr. Hamilton	1/5/2017	5/29/2017					Generic Name: PREDNISONE Drug Code: PRED10H NDC: 00054001725 Form Strength Dosage TAB 10MG 1	
Order Comments and Instructions Take with food								Quantity 2	
CIPRO (CIPROFLOXACIN) 250 MG TAB					Not Available in Cart				
Order Number	Intended Qty	Form	Strength	Dosage					
29081002	1	TAB	250MG	1					
Route	Prescribing Physician	Order Start	Order Stop						
Oral	Dr. Carver	1/5/2017	5/29/2017						
Order Comments and Instructions Notes Not Prescribed									
CEFDINIR (OMNICEF) 300 MG CAP					Select				
Order Number	Intended Qty	Form	Strength	Dosage					
29081003	1	CAP	300MG	1					
Route	Prescribing Physician	Order Start	Order Stop						
Oral	Dr. Galley	1/5/2017	5/29/2017						
Order Comments and Instructions Notes Not Prescribed									
GLUCOPHAGE (METFORMIN) 500 MG TAB									

Back
Next

OTA- One Time Access Code

One Time Access Code- OTA

- Limits the dispensing of medications without having pharmacist involvement:
 - Nurse Requests medication access
 - Pharmacy approves OTA
 - Pharmacy provides access code or
 - Once Pharmacy approves medication is available for dispensing



Requested Qty	Requested Item
1	Fentanyl 25mcg/hr Patch

OTA Code
A5863D4A

← Remove Item

Select Patient
Select Item
Pull Item

Arras, Luther Male 01/01/1950 Room 65

Items To Pull

Acetaminophen/Codeine Phosphate 300mg-30mg Tablet	Quantity To Pull	1
<small>Generic Name: APAP/Codeine 300mg-30mg Tab Form: Oral tablet Strength Dosage 30 24</small>	Qty After Removal	<input type="text"/>
	Authorizing Doctor	<input type="text"/>

Cancel Item
Done

Item Location In : Demo Cart

Cabinet Locations
External Locations

eCassette One

1	2	3
4	5	6
7	8	9

Utility Drawer

eCassette One

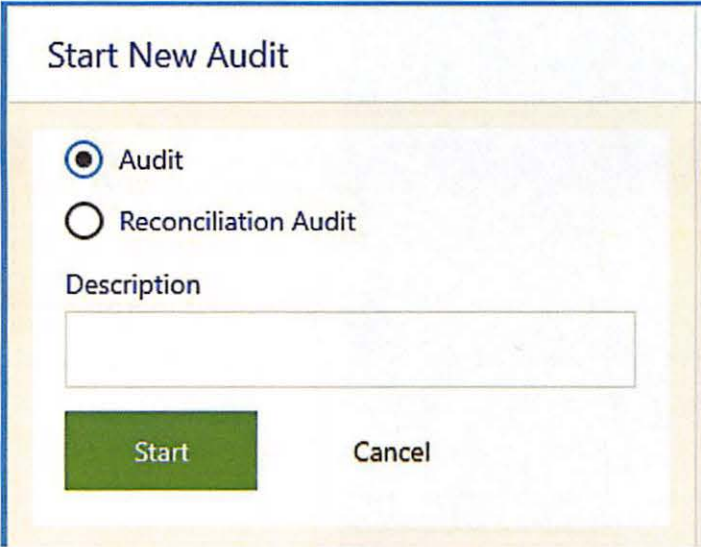
21	22	23	24	25
16	17	18	19	20
11	12	13	14	15
6	7	8	9	10
1	2	3	4	5

Cancel All Items
Finished
Locked

Pull Item Steps

- Submit Witness Authentication if needed
- Enter Qty After Removal
- Scan Item Barcode
- or
- Visually confirm item by tapping the Visually Confirm button
- Commit transaction by tapping the Commit Button
- When finished tap the Back Arrow or Finished button to exit

- **Two Different Types of Audits**
 - Full Audit
 - Reconciliation Audit
- **Audit Features**
 - Prompted to name the Audit
 - Pause and Exit
 - Audit is put onto the Action Item List
 - When restarted, remembers where left off
 - Finish
 - Stop and Delete



Start New Audit

Audit

Reconciliation Audit

Description

Start Cancel



Pause And Exit Finish Unlock Drawer Stop And Delete

Audit- Second Screen

← Audit

Dec (Full)

eCassette One				
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

Utility Drawer

eCassette One				
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

Fentanyl 12mcg/hr Transdermal Patch

Generic Name: Fentanyl 12mcg/hr Patch
Form: Transdermal patch - 72 Hour
Strength Dosage
12 1

Qty After Audit	Expiration Date	Qty To Expire	Lot Number
0 <input type="text"/>	05 / 27 / 2020 <input type="text"/>	0 <input type="text"/>	<input type="text"/>

Next

Dilaudid 2mg Tablet

Generic Name: Dilaudid 2mg Tab
Form: Oral tablet
Strength Dosage
2 500

Acetaminophen/Codeine Phosphate 300mg-60mg Tablet

Generic Name: APAP/Codeine 300mg-60mg Tab
Form: Oral tablet
Strength Dosage
60 500

Hydrocodone Bitartrate/Acetaminophen 5mg-325mg Tablet

Generic Name: Hydrocodone/APAP 5mg-325mg Tab
Form: Oral tablet
Strength Dosage
5 10

Ambien 5mg Tablet

Generic Name: Ambien 5mg Tab
Form: Oral tablet
Strength Dosage
5 100

Full Cabinet Audit Steps

- Count Items In Location
- Enter Count In Actual Quantity Field
- Press 'Next'
- Audit All Items In Container
- Complete A Container, And The Next Is Made Accessible
- Continue Auditing All Containers
- Press 'Shelve And Exit' To Complete Audit Later
- Press 'Cancel' To Lose All Audit Progress

Locked
Shelve And Exit
Finish
Stop And Delete



1
Pre-Purchase
Consultation

4
24/7
**Worry-Free
Support**

2
Ever-Evolving
Technology

3
White Glove
**Implementation
and
Training**

Ever Evolving Technology

- Migrating from Monthly to Quarterly Releases
- Monitoring regulation changes and needs
- Listen to customers needs and feedback for future development needs. “Nexsys is what it is because of our customers”
- Robust Nexsys development road map

A blue circular graphic containing the text "Ever-Evolving Technology". The word "Technology" is in red, while "Ever-Evolving" is in black.

White Glove Implementation and Training

- “Train The Trainer” Model
 - Team of Dedicated to NexsysADC Implementers+ Project Manager
 - Provide initial onsite training for pharmacy and user
 - Once initial Capsa implementation has been completed, the “NexsysADC Champion” trains users
 - Standardized Project plan provided and tailored to customer’s key dates
 - Individual Training for Pharmacy – Training materials that stay with pharmacy
 - Individual Training for Facility – Training materials that stay with the cabinet
 - Post-implementation follow-up

A blue circular graphic containing the text "White Glove Implementation and Training". The words "Implementation" and "Training" are in red, while "White Glove" and "and" are in black.

24/7
**Worry-Free
Support**

24/7 Worry- Free Support

▪ Nexsys Support Call Center

- A trained support staff team member will answer the phone from a dedicated Nexsys support number to assist with questions or issues
- A support ticket number will be assigned to easily track the case

▪ Nexsys Onsite Service

- Trained Technicians within the area to meet response times
- In House Biomed Training if desired

▪ Nexsys Hardware Parts

- Nexsys parts are warehoused in the area to meet response times

Main Cabinet



4T Countertop Cabinet



Inventory Reports

- Item Replenish Report
- Par vs Usage Report
- Inventory Expiration Report
- Exchange Report

Activity Reports

- Transaction report
- Discrepancy Event Report
- Audit Activity Report

User Reports

- User Summary Report
- User Usage Summary Report

Billing Reports

- Billing Report

Patient Reports

- Patient Usage Report
- Patient Order Summary Report

Meds Secured. ROI Assured.

Practical. Configurable. Secure.

For your your unique dispensing needs

Main Cabinet



4T Countertop Cabinet





A Customized Nexsys Automated Dispensing Cabinet

Configuration Part Number

- o NXC-X01-N0-C02-D001

Storage Tiers

- o Tier 1 - CAM With Insert (19 SKUs)

- 207039



- o Tier 2 - 9-Bin Medication Bin - 206062

- o Tier 5 - 9-Bin Medication Bin - 206062

- o Tier 8 - 10" Supply Drawer

Annual Software Equipment Support & Licensing

- o 1 Year

Will this NexsysADC be interfaced to your pharmacy management system (PMS)?

- o Yes

Do you plan to use a full exchange - 1-to-1 CAMs and/or medication bins?

- o No

Is this the 1st time NexsysADC is implemented for this pharmacy location?

- o Yes

Barcode Registration Scanner Kit: Web-based scanner and software to map medication barcodes.

- o Yes - 206094K

External Keyboard (note, NexsysADC includes an on-screen keypad).

- o No



www.capsahealthcare.com - 800.437.6633



A Customized Nexsys Automated Dispensing Cabinet

Configuration Part Number

- o NXTC-X1-C01-D000

Storage Tiers

- o Tier 1 - CAM With Insert (19 SKUs)

- 207039



- o Tier 2 - 9-Bin Medication Bin - 206062

Annual Software Equipment Support & Licensing

- o 1 Year

Will this NexsysADC be interfaced to your pharmacy management system (PMS)?

- o Yes

Is this the 1st time NexsysADC is implemented for this pharmacy location?

- o Yes

Barcode Registration Scanner Kit: Web-based scanner and software to map medication barcodes.

- o Yes - 206094K

External Keyboard (note, NexsysADC includes an on-screen keypad).

- o No



www.capsahealthcare.com - 800.437.6633



**ANUCO RX
SUNSET, FLORIDA
NEXSYS ADC**

(3) Unit(s) This Configuration

AutoRelock



207039



**ANUCO RX
SUNSET, FLORIDA
NEXSYS 4T**

AutoRelock

(3) Unit(s) This Configuration



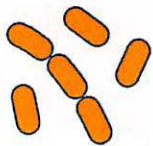
207039

EXHIBIT B—Pharmacy Management Software (Fusion PMS)

Fusion Health

Inpatient Pharmacy Management Software

Fusion's Pharmacy Management System is a complete pharmacy solution designed to provide pharmacies with the features and functionality required to fit the unique needs of an inpatient environment. It is not a modified retail or hospital system, Fusion's PMS is a proven product currently used nationwide in 100's of public inpatient facilities. It is designed to interface with 3rd party software to share patient information and automatically updating the patient's pharmacy records with information such as patient demographic information and new medication.



CIPS has seamlessly integrated with many of the leading EHR and eMAR solutions.



Fusion's PMS is easily configurable to meet your pharmacy's unique workflows, from simple pharmacist filling to more complex workflows that include multiple reviews, verification steps, and scanning steps. Workflow stages include, but are not limited to:

- Electronic Order Processing
- Prescription Filling
- Pharmacist Review
- Verify Scanning
- Drug Image Verification
- Formulary Approval Process
- Inventory Management
- And More!

Fusion

**EXHIBIT C—Electronic
Medication
Administration Record
(eMAR)
(Fusion eMAR)**

Fusion Health

Electronic Medication Administration Record

A robust, yet simple eMAR, Fusion's eMAR allows for faster user adoption and ease of use. Fusion's eMAR includes many features that allow for rapid and efficient medication administration with minimum clicks and text entry fields.

The screenshot shows the Fusion Health eMAR interface for patient Tim Allen. The patient's information includes: Name: Allen, Tim; Gender: Male; External ID: 14512312; MRN: 5613221; Location: DOCMF1; Medpass Location: DOC Men's Facility 1. The interface displays two DOT Administrations:

Medication	Pass Date / Time	Status
IBUPROFEN 600 MG ORAL TABLET (DOT) Order Date: 02/22/2021 - 05/22/2021 Instructions: 1 tablet by mouth four times daily	03/18/2021 @ 1200	Pending
LITHIUM CARBONATE 300 MG ORAL CAPSULE (DOT) Order Date: 02/22/2021 - 05/22/2021 Instructions: 2 capsules three times daily	03/18/2021 @ 1200	Pending

Below the DOT administrations, it shows KOP Administrations (0) with the message: "No administrations of this type scheduled for pass."

Fusion's eMAR is capable of working in areas without Wi-Fi, running off-line and synchronizing later when Internet Access is restored.

Fusion's eMAR allows for easy access to view and monitor a patient's compliance percentages with medications while administering the medications. The eMAR color coordinates the compliance levels for easy identification from users.

This screenshot provides a detailed view of the medication administration record for Lithium Carbonate 300 MG ORAL CAPSULE (DOT) for patient Tim Allen. It shows the following details:

- Medication:** LITHIUM CARBONATE 300 MG ORAL CAPSULE (DOT)
- Order Date:** 02/22/2021 - 05/22/2021
- Instructions:** 2 capsules three times daily
- Last Not Administered:** 03/17/2021 @ 0800 (1)
- Last Administered:** 03/18/2021 @ 0800 (1)
- Compliance:** 50%

The interface also shows a list of other patients in the system, including Bethune, Rodney, with a 1/1 compliance status.

Fusion

EXHIBIT D—Server, Network and PC Management



Anuco RX utilizes a zero trust to the privileged networks. The network perimeter is locked down with a Cisco Meraki Firewall and no port forwarding is allowed. Authorized users are authenticated via Active Directory and 2MFA. Once a user has access to the network the server and workstations are locked down with [Threatlocker Application Whitelisting](#), where only approved applications can run. We utilize [Sophos Intercept X](#) to protect from malware and offer Threat hunting. We use SNMP to send Firewall Access logs and agent-based Server logs to our Perch SOC Platform. This allows the Helpdesk to be notified on any suspicious activity or abnormalities. Anuco RX uses Ninja RMM tool for inventory management, Microsoft and 3rd party patching and reporting. Full Backups are performed daily to a NAS on premise and differentials are sent Offsite to the [Acronis Cyber Cloud](#) for Disaster Recovery. All requests for IT Related issues are sent to and stored in Connectwise Manage Helpdesk Software.

When a new employee is hired the procedure is to submit the new hire form to the Helpdesk accompanied by the management approval. The Helpdesk will validate the request by contacting the manager directly. Appropriate permissions are given. The same goes for a Termination of a hire. The Helpdesk is responsible for creating and removing access as requested.

Any Cyber incident no matter how small, that is reported or is identified by the Managed SOC (Perch), gets a post mortem of the activity and what was done to rectify the situation. Passwords are set to expire every 90 days and have to be complex passwords that are not reused.

EXHIBIT E—Consultant Pharmacist Forms

PHARMACY INSPECTION FOR MODIFIED CLASS II INSTITUTIONS

FACILITY NAME: _____ **DATE OF AUDIT:** _____

PERMIT NUMBER: _____

		Yes	No
1.0	MEDICATION STATION AND STORAGE [64B16-28.702(6)(c)3,6(c)5, FAC		
1.1	Are the medication carts and room locked with appropriate key control?		
1.2	Is the medication room and carts clean, organized and clutter free?		
1.3	Is there adequate lighting and ventilation in the medication room?		
1.4	Are externals separated from internals, ophthalmic and ontological meds separated?		
1.5	Is the refrigerator at correct temperature (36° - 46°F) and is documented using the appropriate form daily? Temp. _____ F°		
1.6	Does the refrigerator only contain medications?		
1.7	Is the fridge clean and is food stored in a separate fridge?		
1.8	Are all medications stored in the fridge in good condition?		
1.9	Are there any food or drink(s) found inside the medication room or stored in the medication or treatment carts?		
1.10	Are Sharps Container < ¾ full and securely mounted (i.e. medication cart, wall, etc.) at respective location(s)?		
1.11	Are Sharps (syringes and needles) disposed properly?		
1.12	Are ALL Sharps kept under locked and secured area?		
2.0	MEDICATION HANDELING AND LABELING [64B16-28.108]	Yes	No
2.1	Are all medications properly labeled [64B16-28.108 F.A.C]?		
2.2	Are there unlabeled or hand-labeled containers or medications in medication carts and/or medication room?		
2.3	Are multi dose vials dated when opened and discarded within the time frame allotted by the manufacturer?		
2.4	Are there excessive medications needing to be returned to pharmacy vendor(s)?		
2.5	Are medications in the original packaging and not transferred to other container(s)/packaging?		
2.6	Are there multiple STOCK bottles open for the same medication?		
2.7	Are drugs stocked in establishment are those employed for treatment of primary condition or medical objective set forth in policy and procedure manual? [64B16-28.702(6), FAC]		
2.8	Are there any expired/discontinued medications on hand?		
2.9	Are there any Emergency Kit onsite, if so are provisions for handling of emergency box including the utilization of separate logs for record keeping? [64B16-28.702(6), FAC]		

3.0	NARCOTIC ACCOUNTABILITY AND DISPOSITION	Yes	No
3.1	Are all CONTROLLED SUBSTANCES stored in a double locked storage?		
3.2	Are keys controlled by appropriate staff?		
3.3	Are STOCK CONTROLLED SUBSTANCES manifest stored in a separate file/binder?		
3.4	Are DEA 222 forms completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2)F.S]; [21 CFR 1305.13(e)]; [21 CFR1305.22(g)]		
3.5	Is there a perpetual inventory system for all CONTROLLED SUBSTANCES and is it correct? [64B16-28.702]		
3.6	Are controlled substances records maintained for 4 years? [465.022(12)b F.S.] [64B16-28.140 F.A.C]		
3.7	Is the correct procedure(s) for disposal of CONTROLLED SUBSTANCES in place and followed?		
3.8	Are destruction device(s)/solution(s) used for patient specific waste?		
3.9	Are controlled substances inventory taken on biennial basis and available for inspection? [893.07(1)(a), F.S.]; [21CFR1304.11]		
3.10	Biennial CONTROLLED SUBSTANCES inventory [893.07] Month and Year Completed: _____ Next Inventory: _____		
4.0	ADMINISTRATION	YES	No
4.1	Are prior reports reviewed, addressed and maintained? [64B16-28.702]?		
4.2	Are CONTROLLED SUBSTANCES destruction records maintained and readily available?		
4.3	Are ALL facility licenses current (modified Class II Institutional Pharmacy Permit & DEA) and posted? [465.019, 465.023]		
4.4	Are ALL pharmacy vendor(s) licenses current and posted?		
4.5	Is Consultant Pharmacist license current and posted? Permit: _____ Exp: _____		
4.6	Pharmacy Law Available: http://floridaspharmacy.gov/resources/ State Board of Pharmacy Phone: (850)-245-4292 DEA Diversion: varies by region (contact local office) Poison Control: (800)-525-6115		
4.7	Is CQI conducted and documented quarterly? [64B16.27.300] CQI is held Jan-Apr-Jul-Oct		
4.8	Does Pharmacy Services Committee meet at least annually? [64B16-28.702(6), F.A.C]		

****PLEASE ENSURE TRANSCRIPT IS LEGIBLE ****

COMMENTS/FINDINGS: _____

MISC. Ensure that Consultant Binder is current and readily accessible for ANY inspections

Consultant Pharmacist Signature:

Facility Representative Signature:

Date:

Date:



MEDICATION DISCREPANCY REPORT FORM

DATE OF OCCURENCE: _____

DATE REPORTED: _____

FACILITY NAME: _____

NAME AND TITLE OF PERSON COMPLETING THIS FORM: _____

CONTACT NUMBER: _____

PRESCRIPTION (NAME, STRENGTH AND RX#): _____

Please provide a complete description about the discrepancy. Also include any supporting documents. (Use additional sheets if needed):

Please provide a complete description of the steps you have taken in the investigation of the discrepancy (Use additional sheets if needed):

SAMPLE

Has this been reported to Site Health Administrator?

YES, who did you speak to: _____ Date/Time: _____

NO

Corrective Action Plan (to prevent re-occurrence) (Use additional sheets if needed):

SIGNATURE:

DATE/TIME:

Please fax completed form to (888)-614-3890 within 24 hours of completion

Broward County Board of
 County Commissioners
DEA Biennial Controlled Substance Inventory Form
 For the Use of Controlled Substances in Research

GEN2120540P1

A separate initial inventory is required for each registered location. Do not submit a copy of the biennial inventory to the DEA or IBPE unless requested

Date: _____

DEA Registrant (Print Name): _____

DEA Registration Number: _____

DEA Registrant Address: _____

(As appears on DEA Form 223)

Inventory Performed by: _____

Print Name

Signature

Inventory Witness: _____

Print Name

Signature

Start of day

End of day

Line No. ¹	Drug Information ²		Controlled Substance Name and manufacture/Vendor	Unopened Containers ³		Opened Containers ^{4,5,6}			Finished Form ⁷
	DEA No.	Schedule		Qty.	Container Size	Qty.	Container Size	Remaining amount	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

SAMPLE

(1) Cross out the unused lines. Keep the biennial inventory record at the licensed-registered location. (2) Schedule I and II drugs must be separated from all other drugs or placed on a separate form. (3) Unopened containers of same substance, manufacturer, volume, and concentration can be listed together. (4) List open containers as separate line items. (5) Measure in weight (powder or crystals) or volume (liquids) or number of units (tablets or capsules). (6) For opened containers: If the substance is listed in Schedule I or II, make an exact count or measure of the contents. (7) Finished form refers to the strength and form of the item as commercially prepared.



Quality-Related Event Documentation

Facility: _____ Quarterly Date: _____

Number of Events for the Quarter: _____

Attach copy of: prescription label photo copy of vial (mark all available)

I. QRE Data:

QRE Type: (select all that apply)

A. Prescription processing error:

- (1) Incorrect drug
- (2) Incorrect strength
- (3) Incorrect dosage form
- (4) Incorrect patient
- (5) Inaccurate or incorrect packaging, labeling, or directions
- (6) Other: _____

B. A failure to identify and manage:

- (1) Over/under-utilization
- (2) Therapeutic duplication
- (3) Drug-disease contraindication
- (4) Drug-drug interactions
- (5) Incorrect duration of treatment
- (6) Incorrect dosage
- (7) Drug-allergy interaction
- (8) Clinical abuse/misuse
- (9) Other: _____

II. QRE Contributing Factors:

Day of the week and time of QRE: _____ Insufficient staff: _____ Increase workload: _____ Human error: _____

Environmental issues: _____ P&P not followed: _____ New staff: _____ Technology issues: _____ Other: _____

SAMPLE

Describe preliminary root contributors:

Describe remedial action taken:

Quarterly Meeting Attendance by:

Administrator: _____

Medical Director: _____

Director of Nursing: _____

Consultant Pharmacist: _____



64B16-27.300 Standards of Practice - Continuous Quality Improvement Program

(1) "Continuous Quality Improvement Program" means a system of standards and procedures to identify and evaluate quality-related events and improve patient care.

(2) "Quality-Related Event" means the inappropriate dispensing or administration of a prescribed medication including:

(a) A variation from the prescriber's prescription order, including, but not limited to:

1. Incorrect drug;
2. Incorrect drug strength;
3. Incorrect dosage form;
4. Incorrect patient; or
5. Inadequate or incorrect packaging, labeling, or directions.

(b) A failure to identify and manage:

1. Over-utilization or under-utilization;
2. Therapeutic duplication;
3. Drug-disease contraindications;
4. Drug-drug interactions;
5. Incorrect drug dosage or duration of drug treatment;
6. Drug-allergy interactions; or
7. Clinical abuse/misuse.

(3)(a) Each pharmacy shall establish a Continuous Quality Improvement Program which program shall be described in the pharmacy's policy and procedure manual and, at a minimum shall contain:

1. Provisions for a Continuous Quality Improvement Committee that may be comprised of staff members of the pharmacy, including pharmacists, registered pharmacy interns, registered pharmacy technicians, clerical staff, and other personnel deemed necessary by the prescription department manager or the consultant pharmacist of record;

2. Provisions for the prescription department manager or the consultant pharmacist of record to ensure that the committee conducts a review of Quality Related Events at least every three months.

3. A planned process to record, measure, assess, and improve the quality of patient care; and

4. The procedure for reviewing Quality Related Events.

(b) As a component of its Continuous Quality Improvement Program, each pharmacy shall assure that, following a Quality-Related Event, all reasonably necessary steps have been taken to remedy any problem for the patient.

(c) At a minimum, the review shall consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.

(4) Each Quality-Related Event that occurs, or is alleged to have occurred, as the result of activities in a pharmacy, shall be documented in a written record or computer database created solely for that purpose. The Quality-Related Event shall be initially documented by the pharmacist to whom it is described, and it shall be recorded on the same day of its having been described to the pharmacist. Documentation of a Quality-Related Event shall include a description of the event that is sufficient to permit categorization and analysis of the event. Pharmacists shall maintain such records at least until the event has been considered by the committee and incorporated in the summary required in subsection (5) below.

(5) Records maintained as a component of a pharmacy Continuous Quality Improvement Program are confidential under the Health Insurance Portability and Accountability Act and are exempt from discovery pursuant to Section 766.101, F.S. In order to determine compliance the Department may review the policy and procedures and a Summarization of Quality-Related Events. The summarization document shall analyze remedial measures undertaken following a Quality-Related Event. No patient name or employee name shall be included in this summarization. The summarization shall be maintained for four (4) years. Records are considered peer-review documents and are not subject to discovery in civil litigation or administrative actions.

Rulemaking Authority 465.0155 FS. Law Implemented 465.0155, 465.022 FS. History—New 7-15-99, Amended 1-2-02, 6-16-03, 11-18-07, 1-1-10, 3-18-15.

EXHIBIT F—Sample ADM Configuration with Formulary Medications

EXHIBIT F

Sample ADM Configuration (Nexsys 4T)			
Inside Visual			
Sm	Md	Lg	Whole bins
7	1	2	0

CAM			
15 (1x1) + 3 (1x2) + 1 (2x2)			
1x1	Open	Open	Open
1x1	Open	Open	Open
1x1	Open	Open	Open
1x1	Open	Open	Open
1x1	Open	Open	Open
Cam#207039=19 SKUs			

Tier 2- 9 Bins					
Bin 1	Bin 2		Bin 3		
Sm	Open	Med	Open	Open	
Sm	Open	Large	Open	Open	
Sm	Open	Large	Open	Open	
Sm	Open	Large	Open	Open	
Sm	Open	Open	Open	Open	Open
Sm	Open	Open	Open	Open	Open

EXHIBIT G—Pharmacy Personnel

EXHIBIT G

ANUCO RX PHARMACY PERSONNEL				
LAST NAME	FIRST NAME	LICENSE CAT.	LICENSE NO.	EXP. DATE
ILTEUS	Wesly	Consultant Pharmacist	PU8514	12/31/2022
		Pharmacist	PS57297	9/30/2021
JULES	Gina	Consultant Pharmacist	PU8645	12/31/2022
		Pharmacist	PS40526	9/30/2021
MAYS	Erica	Consultant Pharmacist	PU7302	12/31/2022
		Pharmacist	PS31720	9/30/2021
MESIDOR	Smith	Consultant Pharmacist	PU8390	12/31/2022
		Pharmacist	PS58551	9/30/2023
POWELL	Leanne	Consultant Pharmacist	PU6462	12/31/2022
		Pharmacist	PS41682	9/30/2021
SHAHID	Talya	Consultant Pharmacist	PU 8660	12/31/2022
		Pharmacist	PS57439	9/30/2021
STEPLIN	Henry	Consultant Pharmacist	PU 8810	12/31/2022
		Pharmacist	PS57385	9/30/2021
TANIS	Michel	Consultant Pharmacist	PU7998	12/31/2022
		Pharmacist	PS40600	9/30/2021
EBONGO	Essien	Pharmacist	PS40406	9/30/2021
OJEABULU	Ganiat	Pharmacist	PS40758	9/30/2021
SCOTT	Tedra	Pharmacist	PS40252	9/30/2021
CHARLES	Faby	Pharmacy Technician	RPT27904	12/31/2022

EXHIBIT H—Active and Projected Projects

EXHIBIT H

ANUCO RX ACTIVE & PROJECTED PROJECTS		
CLIENT NAME	PROJECT TITLE	PROJECT DATE
Diamond Pharmacy	Consulting Pharmacists	Jun 2016 - present
Wellpath	Pharmacy Management & Consulting Services	Jan 2017- present
Wexford Health	Pharmacy Management & Consulting Services	Jan 2018 - present
Gelin Benefits Group	Pharmacy Consulting	Oct 2019 - present
PharmaCorr	Pharmacy Management & Consulting Services	Feb 2020 - present
Walmart	COVID-19 Vaccine Clinical Support	May 2021 - present
Centurion	Pharmacy Consulting	Jan-22
Florida Blue	Pharmacy Consulting (MTM Services)	Jan-22

EXHIBIT I—Business Licenses & Documents



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2021

GINA JULES
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323

Having fulfilled the requirements of section 607.1503 or 617.1503, Florida Statutes, on June 7, 2021, this Certificate of Authority is hereby issued to **JULES ENTERPRISE GROUP, INC.**, a Delaware corporation, in accordance with said statute and assigned document number F21000003049. Please refer to this number whenever corresponding with this office.

The certification you requested is enclosed.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please notify this office if the corporate address changes.

Should you have any questions regarding this matter, please contact this office at (850) 245-6051.


Yvette Scott
Document Specialist II
Registration Section
Division of Corporations

Letter Number: 721A00012383

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

State of Florida



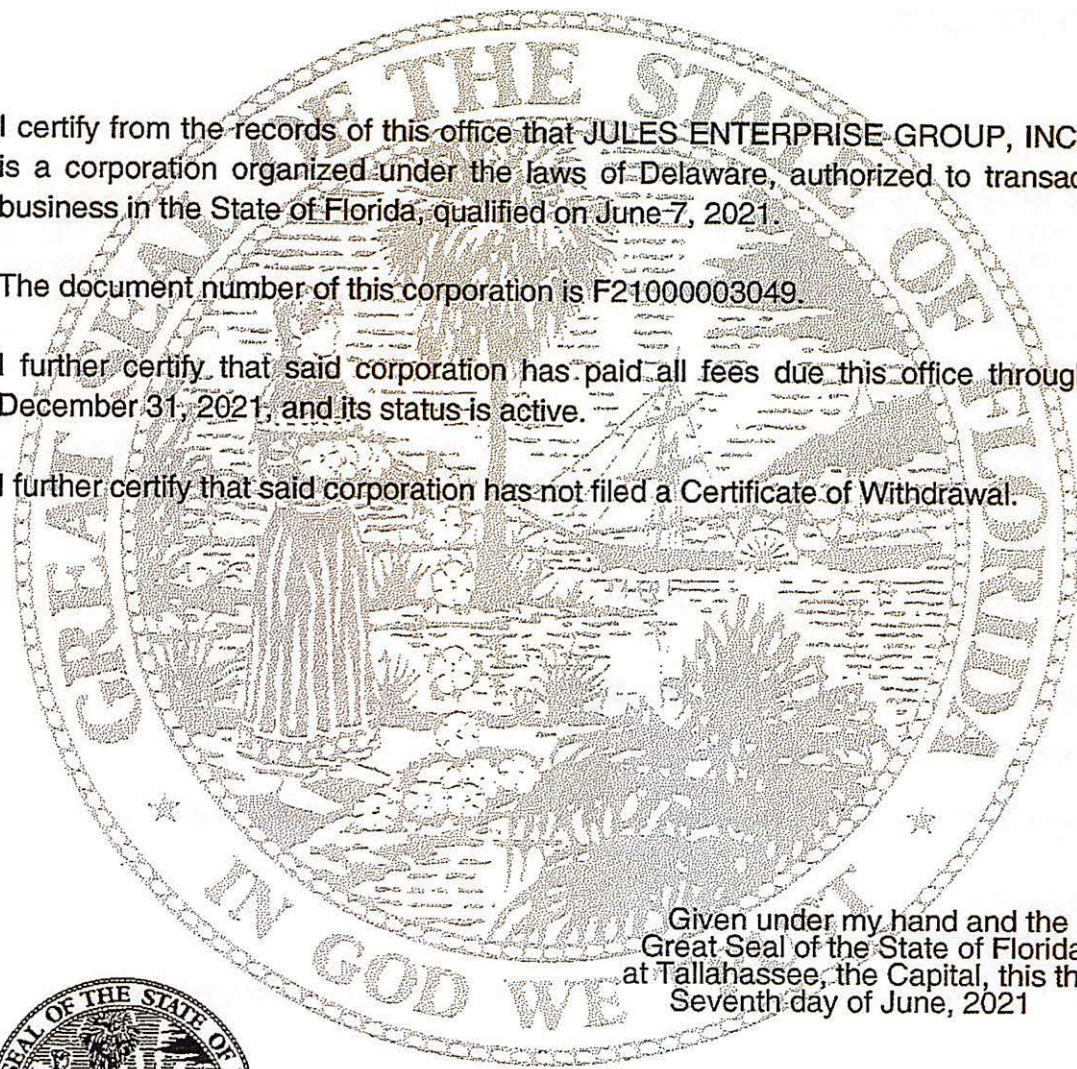
Department of State

I certify from the records of this office that JULES ENTERPRISE GROUP, INC., is a corporation organized under the laws of Delaware, authorized to transact business in the State of Florida, qualified on June 7, 2021.

The document number of this corporation is F21000003049.

I further certify that said corporation has paid all fees due this office through December 31, 2021, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of June, 2021



CR2E022 (01-11)

Laurel M. Lee
 Laurel M. Lee
 Secretary of State

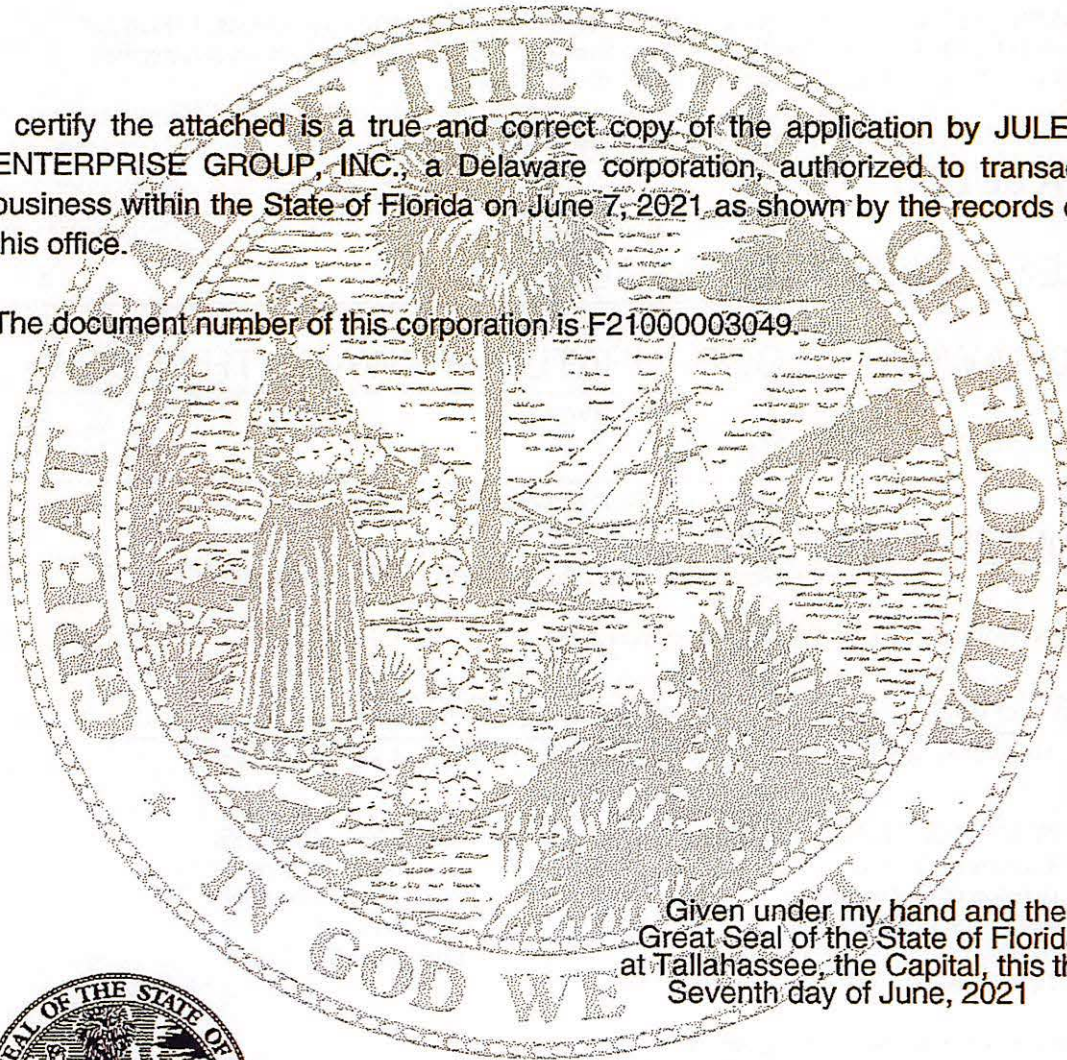
State of Florida



Department of State

I certify the attached is a true and correct copy of the application by JULES ENTERPRISE GROUP, INC., a Delaware corporation, authorized to transact business within the State of Florida on June 7, 2021, as shown by the records of this office.

The document number of this corporation is F21000003049.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of June, 2021



Laurel M. Lee

Laurel M. Lee

Secretary of State

CR2E022 (01-11)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JULES ENTERPRISE GROUP, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

GINA JULES

Name of Person

JULES ENTERPRISE GROUP, INC.

Firm/Company

1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR

Address

SUNRISE, FL 33323

City/State and Zip code

gina.jules@anucorx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Jules

at 954 , 309-8930

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

2021 JUN -7 1 PM 2:32
 FILED
 REGISTRATION SECTION
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. JULES ENTERPRISE GROUP, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 81-2463074

(FEI number, if applicable)

4. 1/19/2021

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. 6/2016

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1560 Sawgrass Corporate Parkway 4th Floor Sunrise FL

(Principal office street address)

1560 Sawgrass Corporate Parkway 4th Floor Sunrise FL 33323

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Registered Agents Inc.**

Office Address: **7901 4th St N STE 300**

St. Petersburg, Florida **33702**

(City)

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
2021 JUN -7 PM 2:32
SECRETARY OF STATE
TAMM, SSEE, FL

A. DIRECTORS

Chairman Name: Gina Jules

Vice Chairman Address: _____

Director 1560 Sawgrass Corporate Parkway 4th Floor

President Sunrise FL 33323

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Gina Jules

Vice Chairman Address: _____

Director 1560 Sawgrass Corporate Parkway 4th Floor

President Sunrise FL 33323

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Gina Jules

Vice Chairman Address: _____

Director 1560 Sawgrass Corporate Parkway 4th Floor

President Sunrise FL 33323

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Gina Jules

Vice Chairman Address: _____

Director 1560 Sawgrass Corporate Parkway 4th Floor

President Sunrise FL 33323

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

2021 JUN -7 PM 2:32
 FILED
 SECRETARY OF STATE
 TALLAHASSEE FL

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Gina Jules, President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JULES ENTERPRISE GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2021.

FILED
2021 JUN -7 PM 2:32
OFFICE OF THE SECRETARY OF STATE
DELAWARE



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

4788163 8300

SR# 20212354603

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203366223

Date: 06-04-21

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021

DBA: ANUCO RX
Business Name: JULES ENTERPRISE GROUP

Receipt #: 327-303788
Business Type: BUSINESS/FINANCIAL/CONSULTANT
(CONSULTING HEALTHCARE)

Owner Name: JULES ENTERPRISE GROUP
Business Location: 1560 SAWGRASS CORP PKWY
SUNRISE
Business Phone: 888-498-1444

Business Opened: 02/15/2016
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals
1

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	3.30	0.00	0.00	0.00	0.00	36.30

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

JULES ENTERPRISE GROUP
1560 SAWGRASS CORP PKWY
4 FLR
SUNRISE, FL 33323

Receipt # WWW-20-00087733
Paid 11/25/2020 3.30

2020 - 2021

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021

DBA: ANUCO RX
Business Name: JULES ENTERPRISE GROUP

Receipt #: 327-303788
Business Type: BUSINESS/FINANCIAL/CONSULTANT
(CONSULTING HEALTHCARE)

Owner Name: JULES ENTERPRISE GROUP
Business Location: 1560 SAWGRASS CORP PKWY
SUNRISE
Business Phone: 888-498-1444

Business Opened: 02/15/2016
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals
1

For Vending Business Only							
Number of Machines:				Vending Type:			
Signature	Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
	33.00	3.30	0.00	0.00	0.00	0.00	36.30

Receipt # WWW-20-00087733
Paid 11/25/2020 3.30

LOCAL BUSINESS TAX RECEIPT
RECEIPT EXPIRES: 9/30/2021

BUSINESS NAME: ANUCO RX
LOCATION ADDRESS: 1560 SAWGRASS CORPORATE PKWY
400
SUNRISE, FL 33323-2858
ISSUE DATE: October 01, 2020
EXPIRATION DATE: September 30, 2021

TAX RECEIPT NUMBER: BTR-001658-2020
BUSINESS CLASS: 40 - Business advisors or consultants

TOTAL AMOUNT PAID: **\$136.69**

Comments: HEALTHCARE CONSULTING SERVICES

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED TO PUBLIC VIEW AT BUSINESS LOCATION.
NOTICE: THIS RECEIPT BECOMES NULL & VOID IF OWNERSHIP, BUSINESS NAME, OR ADDRESS IS CHANGED.
TAXPAYER MUST APPLY TO BUSINESS TAX DIVISION FOR TRANSFER.

Print Mini
1-800-457-2881

See Reverse Side For Easy Opening Instructions



City of Sunrise
Local Business Tax Receipt Division
3601 NW 136 Avenue, Building A
Sunrise, FL 33323

CITY OF SUNRISE BUSINESS TAX RECEIPT DO NOT DISCARD
RETURN SERVICE REQUESTED

Gina Jules, ANUCO RX
1560 SAWGRASS CORPORATE PKWY
FLOOR 4
SUNRISE, FL 33323

EXHIBIT K—Vendor Reference Forms

VENDOR REFERENCE VERIFICATION FORM

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the Vendor Reference Verification Form to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco Rx			
Reference Date:	6/26/2021			
Organization/Firm Providing Reference:	Wellpath			
Contact Name:	Tamika Hawkins			
Contract Title:	Corporate Clinical Operations Specialist			
Contact Email:	tamhawkins@wellpath.us			
Contact Phone:	813-439-7009			
Name of Referenced Project:	Pharmacy Management and Consulting Services			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2017	End Date: ongoing		
Project Amount:	300,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Oversee pharmacy operations for our facilities. This includes overseeing the day-to-day operations of the facility, the charge of ensuring the correct medications are in stock, managing inventory levels, inspections, audits, P&P S				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<small>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email	Verified by:		Division:	
<input type="checkbox"/> Verbal			Date:	

6/26/2021

Vendor Reference -Anuco Rx

Company - WellPath

Point of Contact - Tamika Hawkins, Corporate Clinical Operations Specialist

To whom it may concern:

Dr. Jules and her team has assisted us with our pharmacy operations and management throughout the country. They have assisted with us with:

- **Planning, monitoring, and administration of clinical, administrative, and distributive pharmaceutical services.**
- **Develop, recommend, and implement pharmacy policy and procedures; ensure pharmacy compliance with state and federal laws, rules, and regulations.**
- **Provide guidance, direction, and training to medical staff.**
- **Prepare the pharmacy for survey and accreditation readiness.**

They're a great partner and always responsive. What we appreciate most about Anuco is the hand-on approach with the comprehensive corporate clinical and executive team. Each person brings a specific niche that just pulls everything together. Dr. Jules and her team have sat with us through client meetings and committees always bringing value to the table.

They were truly a partner when we rolled out our Suboxone, Vivtrol and other evidence-based medications program as part of our integrated plan of substance abuse care that treats the whole person. The onsite and corporate clinical team worked with the pharmaceutical company, community and grass-root organizations to help us enhance and increase access to care, compliance and resources. Their approach and involvement through this process was seamless you couldn't tell we were two different entities because we had one goal.

Anuco's communication and passion is very evident in their leader and overall company. Dr. Jules is not just the CEO but a pharmacist that has a passion for making a difference. She is very accessible to all of our sites admin and medical staff. She's always bringing innovative solutions to the table to prevent us from being stagnant. I highly recommend Anuco Rx for this opportunity.

Sincerely,

**Tamika Hawkins
Corporate Clinical Operations Specialist
tamhawkins@wellpath.us**

VENDOR REFERENCE VERIFICATION FORM

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VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco Rx			
Reference Date:	6/27/2021			
Organization/Firm Providing Reference:	Wexford Health			
Contact Name:	Edward McNeil			
Contract Title:	Client Relations Director			
Contact Email:	emcneil@wexfordhealth.com			
Contact Phone:	404-862-7110			
Name of Referenced Project:	Pharmacy Consultant and Management			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2018	End Date: ongoing		
Project Amount:	300,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Oversee pharmacy ops. for our facilities. Assist with accreditation audits and CAPs, P&P devlp. pharmacy mgmt., budget & inventory, formualry mgmt., inspections, education and optimizing pharmacy program.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:		Division:	
			Date:	

VENDOR REFERENCE VERIFICATION FORM

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VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco Rx			
Reference Date:	6/24/2021			
Organization/Firm Providing Reference:	Geo Care			
Contact Name:	Dr. Derrick Schofield			
Contract Title:	EVP, Continuum of Care and Reentry Services			
Contact Email:	dschofield@geocareinc.com			
Contact Phone:	561-504-0294			
Name of Referenced Project:	Pharmacy Consultant and Management			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2018	End Date: ongoing		
Project Amount:	250,000			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Assist with cost efficiencies, performance gains, and clinical improvements of our pharmacy operations.				
Provide great impact across the organization — from staffing and workflow to supply chain management.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:		Division:	
			Date:	

VENDOR REFERENCE VERIFICATION FORM

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VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Anuco RX			
Reference Date:	July 6, 2021			
Organization/Firm Providing Reference:	Gelin Benefits Group, LLC			
Contact Name:	Mike Gelin			
Contract Title:	President			
Contact Email:	mike@gelinbenefitsgroup.com			
Contact Phone:	(954) 260-0181			
Name of Referenced Project:	Pharmacy Review for Onsite Clinic and Self Funded Transition			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 10/1/2019	End Date: Current		
Project Amount:	\$65,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Analyze prescription drug list offered by insurance carriers and make recommendations for cost saving to the PDL list. Provide recommendations on the list of drugs offered at the new on site health clinic.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:		Division:	
			Date:	

EXHIBIT L—FUSION PMS & FUSION eMAR PROJECT LIFECYCLE

FUSION PMS AND FUSION eMAR PROJECT/IMPLEMENTATION LIFECYCLE

For the implementation of Fusion’s Pharmacy Management System (PMS) and eMAR the approach to the system design, configuration, and build starts with a cross-functional, process-based analysis of BARC’s business objectives, mapping the system functionality to meet organizational goals. The result is a detailed plan that yields the highest value in the shortest time. Up-front planning creates a better understanding of required resources and interdependencies, identifies risk factors and trade-offs earlier, and maximizes project control and predictability.

Below is an overview of Fusion’s four-tiered Project Execution Life Cycle:



Project Initiation (Initiate)

Fusion will organize and deliver detailed requirements specific to the PMS and eMAR projects, respectively. Fusion will hold a Kick-Off Meeting to provide and review the proposed Project Schedule/Work Plan that includes key tasks, dates, milestones, deliverable descriptions, and BARC staffing requirements that are necessary to ensure a successful go-live.

Fusion’s approach for any technology implementation project starts with a consultation with the **BARC and Anuco’s “Core Team”** (key stakeholders and project drivers) who will be involved in the project as well as those whose operations are in line with the solutions. This will allow us to establish a baseline of understanding and to further confirm the particulars of the overall project plan.

Fusion’s methodology provides the framework and approach needed to identify, collect, analyze, and validate the operational, functional, and technical performance requirements for the PMS and eMAR. Fusion’s methodical approach allows us to dig deep in identifying the true workflows of BARC and includes the following metrics:

- Review & Analysis of the current business process and practices
- Analyzing existing technologies and associated system documentation
- Interviewing representatives of impacted functional areas and workgroups
- Meeting with healthcare affiliates and partners to gather data regarding your business and technical needs

Fusion will document the resulting information in the project management system which will serve as the key data repository for the entire project. Risks and issues identified during the process will be captured in the Risk and Issues logs and included in the final Project Management Plan (PMP).

Fusion will refine the proposed work plan and specify at a detailed level all tasks, sub-tasks, and milestones necessary to complete the PMS and eMAR projects. The revised Scope of Work, Detailed Project Plan, Schedule, Communication Plan, and Risk and Issue logs will be included in the final Project Management Plan for the Technology Requirements Definition phase of the project.

Solution Planning (Analyze)

Up-front planning creates a better understanding of required resources and interdependencies, identifies risk factors and trade-offs earlier, and maximizes project control and predictability. Fusion will deliver the products to meet the BARCs requirements and features identified for this project.

Conceptual Design Task

Developing a conceptual design will allow for the identification of existing key components of the technology implementations and supplemental information systems while allowing the development of enhanced workflows. Fusion's products will enhance BARCs operational efficiencies, including:

- Availability and maintenance of healthcare data,
- Access to pharmacy data and sharing of data on an enterprise-wide basis,
- Management information based on real-time data that is reliable, accurate and provides transparency and accountability, enhanced reporting capabilities, ease of use, and portability,
- Promote integration with 3rd party systems,
- Scalable as demands increase and support integration with other Agency systems,
- Quickly adapt to approve an/or pending local, state, and federal legislation and regulations; and,
- Leverage industry best practices and adaptable to emerging technologies and future trends in health information technology.

Fusion believes that the benefits of this approach is that it presents the "Core Team" with a vision to focus the discussion on tangible solutions and avoids scenarios that result in process decisions falling short on account of technological or operations limitations.

Fusion will create a secured documentation library to deposit pertinent project documents, interview notes, weekly and monthly reports, and other project documents that are accessible by both BARC's, Anuco's, and Fusion's project team members for each phase of the technology projects.

Requirements Analysis

The project team will leverage a **Requirements Traceability Matrix (RTM)** to finalize the technology operational requirements. Fusion will update the RTM that documents the business, functional, technical, and performance requirements for the PMS and eMAR, respectively. The RTM will list requirements within functional areas and provide for the classification of requirements by requirement ID, name, and source. The RTM provides the project team and BARC with the opportunity to ensure completeness and that requirements are not omitted as work proceeds.

Project Execution (Execute)

The execution of our project will be in the full visibility of BARC, Anuco's and with Fusion's accountability of deliverables and timelines. Fusion's communication throughout the project will culminate in the BARCs final approval of the PMS and eMAR Production Environment. Project Execution will be completed quickly, flawlessly, and in conjunction with BARC and Anuco, on time and budget.

Execution will consist of several factors and steps including:

- Training of the Core Team; Super, Administrative, and End-Users
- Creation and testing of all required third-party interfaces

- Data migration of all PMS records from the WinPharm
- Testing and Quality Assurance of all system aspects
- Defining and creation of all BARCs required customizations, configurations, and business rules
- Creation, development, testing, and preparation of the PMS and eMAR Production environment for Go-Live

Fusion has thoughtfully crafted a high-level deliverable timeline that delineates each project task and an estimated timeline for completion. The overall project and its deliverables are the primary responsibility of Fusion’s Project Manager. The below timelines are estimates based on project information. Upon award Fusion will work in conjunction with BARC and Anuco to formalize detailed project timelines.

Phase/Deliverable	Estimated Weeks for PMS Implementation											
	1	2	3	4	5	6	7	8	9	10	11	12
Award of Project												
Project Initiation & Planning												
PMS Installation												
Interface Development												
Data Migration												
Testing / QA												
Training & Go Live												

**This timeline is an estimate and may change when additional information is received.*

Phase/Deliverable	Estimated Weeks for eMAR Implementation											
	1	2	3	4	5	6	7	8	9	10	11	12
Award of Project												
Project Initiation & Planning												
eMAR Installation												
eMAR Configuration												
Interface Development												
Testing / QA												
Training & Go Live												

**This timeline is an estimate and may change when additional information is received.*

EXHIBIT M-PRICING WORKSHEET AND MONTHLY SUMMARY BREAKDOWN

Start Up Costs	Unit of Measure	Unit Cost	Annual Quantity	Total Annual Cost
One-Time Initial Start-Up Costs (non-recurring), Location I - Central Facility	Each	\$47,828.35	1	\$47,828.35
One-Time Initial Start-Up Costs (non-recurring), Location II - Booher Facility	Each	47828.352	1	\$47,828.35
One-Time Initial Start-Up Costs for OBOT (non-recurring) OPTIONAL	Each	40678.352	1	\$40,678.35

Estimated Annual Usage	Unit of Measure	Unit Cost	Annual Quantity	Total Annual Cost	Unit of Measure	Unit Cost	Annual Quantity	Total Annual Cost	Unit of Measure	Unit Cost	Annual Quantity	Total Annual Cost
Licensed Pharmacist, onsite, hourly rate, Location I - Central Facility	Hours	\$65.00	2912	\$319,883.20	Hours	\$68.25	2912	\$284,203.92	Hours	\$71.66	2912	\$298,414.12
Licensed Pharmacist, onsite, hourly rate, Location II - Booher Facility	Hours	\$65.00	2912	\$319,883.20	Hours	\$68.25	2912	\$284,203.92	Hours	\$71.66	2912	\$298,414.12
Registered Pharmacy Technician, onsite, hourly rate, Location I - Central Facility	Hours	\$30.00	2912	\$147,638.40	Hours	\$31.50	2912	\$131,171.04	Hours	\$33.08	2912	\$137,729.59
Registered Pharmacy Technician, onsite, hourly rate, Location II - Booher Facility	Hours	\$30.00	2912	\$147,638.40	Hours	\$31.50	2912	\$131,171.04	Hours	\$33.08	2912	\$137,729.59
Registered Pharmacy Technician (Emergency Activation Rate)	Hours	\$30.00	1	\$50.70	Hours	\$31.50	1	\$45.05	Hours	\$33.08	1	\$47.30
Licensed Pharmacist, remote and after-hours	Hours	\$75.00	1300	\$164,775.00	Hours	\$78.75	1300	\$146,396.25	Hours	\$82.69	1300	\$153,716.06
Licensed Pharmacist (Emergency Activation Rate)	Hours	\$95.00	1	\$160.55	Hours	\$99.75	1	\$142.64	Hours	\$104.74	1	\$149.77
Licensed Pharmacy Consultant - GENERAL, offsite, hourly rate	Hours	\$95.00	480	\$77,064.00	Hours	\$99.75	480	\$68,468.40	Hours	\$104.74	480	\$71,891.82
Licensed Pharmacy Consultant - OBOT, onsite, hourly rate	Hours	\$95.00	480	\$77,064.00	Hours	\$99.75	480	\$68,468.40	Hours	\$104.74	480	\$71,891.82
Licensed Pharmacy Consultant - OBOT, offsite, hourly rate	Hours	\$95.00	480	\$77,064.00	Hours	\$99.75	480	\$68,468.40	Hours	\$104.74	480	\$71,891.82
Pharmacy Equipment, Location I - Central Facility	Months	\$972.09	12	\$11,665.02	Months	\$1,020.69	12	\$12,248.28	Months	\$1,071.72	12	\$12,860.69
Pharmacy Equipment, Location II - Booher Facility	Months	\$623.45	12	\$7,481.42	Months	\$654.62	12	\$7,855.49	Months	\$687.36	12	\$8,248.26
Equipment Maintenance, Location I - Central Facility	Months	\$591.06	12	\$7,092.74	Months	\$620.61	12	\$7,447.38	Months	\$651.65	12	\$7,819.75
Equipment Maintenance, Location II - Booher Facility	Months	\$399.93	12	\$4,799.14	Months	\$419.92	12	\$5,039.09	Months	\$440.92	12	\$5,291.05
Software Licensing/Maintenance, Location I - Central Facility	Months	\$3,136.66	12	\$37,639.95	Months	\$3,293.50	12	\$39,521.94	Months	\$3,458.17	12	\$41,498.04
Software Licensing/Maintenance, Location II - Booher Facility	Months	\$3,136.66	12	\$37,639.95	Months	\$3,293.50	12	\$39,521.94	Months	\$3,458.17	12	\$41,498.04
Management Fee	Months	\$52,992.61	12	\$635,911.35	Months	\$55,642.24	12	\$667,706.92	Months	\$58,424.36	12	\$701,092.26
		Year 1		\$2,073,451.01		Year 2		\$1,962,080.10		Year 3		\$2,060,184.10

Detailed Cost Breakdown by Category

One-Time Initial Start-Up Costs (non-recurring), Location I - Central Facility	Initial Term: Years 1-3			
	Unit of Measure	Unit Cost	Annual Quantity	Annual Cost
Data Migration Services (Fusion PMS)	Each	\$7,150.00	1	\$7,150.00
Automated Dispensing Machines (ADM) Interface Development (Fusion PMS)	Each	\$3,575.00	1	\$3,575.00
PDMP (eForcse) Interface Development (Fusion PMS)	Each	\$3,575.00	1	\$3,575.00
Pharmacy Management Solution (PMS) Installation and Training (Fusion PMS)	Each	\$5,362.50	1	\$5,362.50
Electronic Medication Administration Record (eMAR) Installation and Training Services	Each	\$12,512.50	1	\$12,512.50
Firewall-Cisco Meraki MX67W Cloud-Managed Security Appliance (GiaSpace - Pharmacy Hardware)	Each	\$935.31	1	\$935.31
Brother HL-L6200DW Wireless Monochrome Laser Printer with Duplex Printer (GiaSpace - Pharmacy Hardware)	Each	\$587.14	1	\$587.14
Nexsys Interface Server and Clips/Pilotfish Software (Capsa Healthcare)	Each	\$3,541.54	1	\$3,541.54
SAMSUNG Business S22R350FHN 22" 1920x1080 Monitor (GiaSpace Pharmacy Hardware)	Each	\$271.97	1	\$271.97
Battery Backup - Intel NUC NUC8I5BEH Mini PCS Tall with 8GB 512GB PCIe SSD (GiaSpace Pharmacy Hardware)	Each	\$1,117.19	1	\$1,117.19
Microsoft SQL Server & Home and Business Box Pack 2019 (GiaSpace Pharmacy Hardware)	Each	\$1,641.64	1	\$1,641.64
Dell PowerEdge T340 Tower Server (GiaSpace Pharmacy Hardware)	Each	\$7,558.57	1	\$7,558.57
Total				\$47,828.35
One-Time Initial Start-Up Costs (non-recurring), Location II - Booher Facility				
Data Migration Services (Fusion PMS)	Each	\$7,150.00	1	\$7,150.00
Automated Dispensing Machines (ADM) Interface Development (Fusion PMS)	Each	\$3,575.00	1	\$3,575.00
PDMP (eForcse) Interface Development (Fusion PMS)	Each	\$3,575.00	1	\$3,575.00
Pharmacy Management Solution (PMS) Installation and Training (Fusion PMS)	Each	\$5,362.50	1	\$5,362.50
Electronic Medication Administration Record (eMAR) Installation and Training Services	Each	\$12,512.50	1	\$12,512.50
Firewall-Cisco Meraki MX67W Cloud-Managed Security Appliance (GiaSpace - Pharmacy Hardware)	Each	\$935.31	1	\$935.31
Brother HL-L6200DW Wireless Monochrome Laser Printer with Duplex Printer (GiaSpace - Pharmacy Hardware)	Each	\$587.14	1	\$587.14
Nexsys Interface Server and Clips/Pilotfish Software (Capsa Healthcare)	Each	\$3,541.54	1	\$3,541.54
SAMSUNG Business S22R350FHN 22" 1920x1080 Monitor (GiaSpace Pharmacy Hardware)	Each	\$271.97	1	\$271.97
Battery Backup - Intel NUC NUC8I5BEH Mini PCS Tall with 8GB 512GB PCIe SSD (GiaSpace Pharmacy Hardware)	Each	\$1,117.19	1	\$1,117.19
Microsoft SQL Server & Home and Business Box Pack 2019 (GiaSpace Pharmacy Hardware)	Each	\$1,641.64	1	\$1,641.64
Dell PowerEdge T340 Tower Server (GiaSpace Pharmacy Hardware)	Each	\$7,558.57	1	\$7,558.57
Total				\$47,828.35
One-Time Initial Start-Up Costs OBOT (non-recurring) - OPTIONAL				
Data Migration Services (Fusion PMS)	Each	\$0.00	1	\$0.00
Automated Dispensing Machines (ADM) Interface Development (Fusion PMS)	Each	\$3,575.00	1	\$3,575.00
PDMP (eForcse) Interface Development (Fusion PMS)	Each	\$3,575.00	1	\$3,575.00
Pharmacy Management Solution (PMS) Installation and Training (Fusion PMS)	Each	\$5,362.50	1	\$5,362.50
Electronic Medication Administration Record (eMAR) Installation and Training Services	Each	\$12,512.50	1	\$12,512.50
Firewall-Cisco Meraki MX67W Cloud-Managed Security Appliance (GiaSpace - Pharmacy Hardware)	Each	\$935.31	1	\$935.31
Brother HL-L6200DW Wireless Monochrome Laser Printer with Duplex Printer (GiaSpace - Pharmacy Hardware)	Each	\$587.14	1	\$587.14
Nexsys Interface Server and Clips/Pilotfish Software (Capsa Healthcare)	Each	\$3,541.54	1	\$3,541.54
SAMSUNG Business S22R350FHN 22" 1920x1080 Monitor (GiaSpace Pharmacy Hardware)	Each	\$271.97	1	\$271.97
Battery Backup - Intel NUC NUC8I5BEH Mini PCS Tall with 8GB 512GB PCIe SSD (GiaSpace Pharmacy Hardware)	Each	\$1,117.19	1	\$1,117.19
Microsoft SQL Server & Home and Business Box Pack 2019 (GiaSpace Pharmacy Hardware)	Each	\$1,641.64	1	\$1,641.64
Dell PowerEdge T340 Tower Server (GiaSpace Pharmacy Hardware)	Each	\$7,558.57	1	\$7,558.57
Total				\$40,678.35
Pharmacy Equipment, Location I - Central Facility (MONTHLY)				
Three (3) Nexsys 4T Desktop with CAM	Monthly	\$584.34	12	\$7,012.09
One (1) Nexsys ADC Main Cabinet with CAM	Monthly	\$273.72	12	\$3,284.60
Nexsys Medical Zebra Label Printer	Monthly	\$114.03	12	\$1,368.34
Total				\$11,665.02
Pharmacy Equipment, Location II - Booher Facility (MONTHLY)				
Two (2) Nexsys ADC Main plus Dispensing Cabinet	Monthly	\$547.43	12	\$6,569.19
One (1) Zebra Printer	Monthly	\$76.02	12	\$912.23
Total				\$7,481.42
Equipment Maintenance, Location I - Central Facility (MONTHLY)				
ADM Maintenance, Software, and Licensing Fees	Monthly	\$591.06	12	\$7,092.74
Total				\$7,092.74
Equipment Maintenance, Location II - Booher Facility (MONTHLY)				
ADM Maintenance, Software, and Licensing Fees	Monthly	\$399.93	12	\$4,799.14
Total				\$4,799.14
Software Licensing/Maintenance, Location I - Central Facility				
Fusion Pharmacy Management Solution License (Enterprise)	Monthly	\$692.66	12	\$8,311.96
Electronic Drug Reference Database Subscription (Clinical Pharmacology)	Monthly	\$286.00	12	\$3,432.00
Interface Maintenance and Support - Electronic Medical Record (ECHO)	Monthly	\$545.19	12	\$6,542.25
Interface Maintenance and Support - Automated Dispensing Machines (Capsa Healthcare)	Monthly	\$165.17	12	\$1,981.98
Interface Maintenance and Support - PDMP (eForcse)	Monthly	\$59.59	12	\$715.06
Fusion eMAR Licenses (Enterprise)	Monthly	\$595.84	12	\$7,150.06
MediSpan Database Subscription	Monthly	\$148.72	12	\$1,784.64
Server, Network and PC Management	Monthly	\$643.50	12	\$7,722.00
Total				\$37,639.95
Software Licensing/Maintenance, Location II - Booher Facility (MONTHLY)				
Fusion Pharmacy Management Solution License (Enterprise)	Monthly	\$692.66	12	\$8,311.96
Electronic Drug Reference Database Subscription (Clinical Pharmacology)	Monthly	\$286.00	12	\$3,432.00
Interface Maintenance and Support - Electronic Medical Record (ECHO)	Monthly	\$545.19	12	\$6,542.25
Interface Maintenance and Support - Automated Dispensing Machines (Capsa Healthcare)	Monthly	\$165.17	12	\$1,981.98
Interface Maintenance and Support - PDMP (eForcse)	Monthly	\$59.59	12	\$715.06
Fusion eMAR Licenses (Enterprise)	Monthly	\$595.84	12	\$7,150.06
Server, Network and PC Management	Monthly	\$643.50	12	\$7,722.00
Total				\$35,855.31
Management Fee - MONTHLY				
Total Management Fee				\$32,992.61 12 \$635,911.35

Supplier: Anuco Rx

**Standard Instructions to Vendors
Request for Proposals, Request for Qualifications, or Request for Letters of Interest**

Vendors are instructed to read and follow the instructions carefully, as any misinterpretation or failure to comply with instructions may lead to a Vendor's submittal being rejected.

Vendor MUST submit its solicitation response electronically and MUST confirm its submittal in order for the County to receive a valid response through Periscope S2G. Refer to the Purchasing Division website or contact Periscope S2G for submittal instructions.

A. Responsiveness Criteria:

Responsive (Vendor) means a vendor who submits a response to a solicitation that the Director of Purchasing determines meets all requirements of the solicitation. As provided in Section 21.40(a) of the Broward County Procurement Code, a solicitation may only be awarded to a vendor whose submission is responsive to the requirements of the solicitation. The Director of Purchasing shall determine whether submissions are responsive. This determination shall be final and may not be changed by the Evaluation Committee, if one is appointed for the solicitation.

The required information and applicable forms must be submitted with solicitation response, electronically through Periscope SG2 by the due date and time specified in the solicitation. Failure to timely submit may result in Vendor being deemed non-responsive by the Director of Purchasing. The County reserves the right to waive minor technicalities or irregularities as is in the best interest of the County in accordance with Section 21.37(b) of the Broward County Procurement Code.

Below are standard responsiveness criteria; refer to Special Instructions to Vendors, for Additional Responsiveness Criteria requirement(s).

1. Lobbyist Registration Requirement Certification

Refer to Lobbyist Registration Requirement Certification. The completed form should be submitted with the solicitation response. If not submitted within solicitation response, it must be submitted within three business days of County's written request. Failure to timely submit may result in Vendor being deemed non-responsive.

2. Addenda

The County reserves the right to amend this solicitation prior to the due date and time specified in the solicitation. Any change(s) to this solicitation will be conveyed through the written addenda process. Only written addenda will be binding. Vendor must follow the instructions carefully and submit the required information and applicable forms, or acknowledge addendum, electronically through Periscope S2G. It is the Vendor's sole responsibility to monitor the solicitation for any changing information, prior to submitting their solicitation response.

B. Responsibility Criteria:

Responsible (Vendor) means a vendor who is determined to have the capability in all respects to perform fully the requirements of a solicitation, as well as the integrity and reliability that will ensure good faith performance, as provided in Section 21.40(b) of this Code. In accordance with Section 21.40(b) of the Broward County Procurement Code, a solicitation may only be awarded to a vendor who is determined to be responsible to provide the goods or services requested by the solicitation. If a response to a solicitation is submitted by a joint venture, the joint venture will not be eligible to receive an award unless each member of the joint venture is determined to be responsible. A determination of responsibility shall be made only as to those vendors whose submissions have been determined to be responsive.

With respect to RFPs, RLIs, and RFQs, the Evaluation Committee, with assistance of the Purchasing Division and based on information provided by the applicable County Agencies and the Office of the County Attorney, shall determine whether vendors who have submitted responsive submissions are responsible.

Notwithstanding the foregoing, the awarding authority for a solicitation shall have the ultimate authority to determine whether vendors who have submitted responsive submissions are responsible.

When making determinations of responsibility, the Director of Purchasing or the Evaluation Committee (as applicable) may request additional information from any vendor on matters that may affect a vendor's responsibility. The failure of a vendor to provide information requested by the County may result in a determination of non-responsibility. In addition, a vendor may submit information regarding its responsibility; provided, however, that such information shall not be considered if it contradicts or materially alters the information provided by the vendor in its original response to the solicitation.

Failure to provide any of this required information and in the manner required may result in a recommendation by the Director of Purchasing that the Vendor is non-responsible.

Below are standard responsibility criteria; refer to **Special Instructions to Vendors**, for Additional Responsibility Criteria requirement(s).

1. **Litigation History**

- a. All Vendors are required to disclose to the County all "material" cases filed, pending, or resolved during the last three (3) years prior to the solicitation response due date, whether such cases were brought by or against the Vendor, any parent or subsidiary of the Vendor, or any predecessor organization. Additionally, all Vendors are required to disclose to the County all "material" cases filed, pending, or resolved against any principal of Vendor, regardless of whether the principal was associated with Vendor at the time of the "material" cases against the principal, during the last three (3) years prior to the solicitation response. A case is considered to be "material" if it relates, in whole or in part, to any of the following:
 - i. A similar type of work that the vendor is seeking to perform for the County under the current solicitation;
 - ii. An allegation of fraud, negligence, error or omissions, or malpractice against the vendor or any of its principals or agents who would be performing work under the current solicitation;
 - iii. A vendor's default, termination, suspension, failure to perform, or improper performance in connection with any contract;
 - iv. The financial condition of the vendor, including any bankruptcy petition (voluntary and involuntary) or receivership; or
 - v. A criminal proceeding or hearing concerning business-related offenses in which the vendor or its principals (including officers) were/are defendants.
- b. For each material case, the Vendor is required to provide all information identified in the **Litigation History Form**. Additionally, the Vendor shall provide a copy of any judgment or settlement of any material case during the last three (3) years prior to the solicitation response. Redactions of any confidential portions of the settlement agreement are only permitted upon a certification by Vendor that all redactions are required under the express terms of a pre-existing confidentiality agreement or provision.
- c. The County will consider a Vendor's litigation history information in its review and determination of responsibility.
- d. If the Vendor is a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture.
- e. A vendor is required to disclose to the County any and all cases(s) that exist between the County and any of the Vendor's subcontractors/subconsultants proposed to work on this project during the last five (5) years prior to the solicitation response.

- f. Failure to disclose any material case, including all requested information in connection with each such case, as well as failure to disclose the Vendor's subcontractors/subconsultants litigation history against the County, may result in the Vendor being deemed non-responsive.

2. Financial Information

- a. All Vendors are required to submit the Vendor's financial statements by the due date and time specified in the solicitation, in order to demonstrate the Vendor's financial capabilities. If not submitted with solicitation response, it must be submitted within three business days of County's written request.
- b. Each Vendor shall submit its most recent two years of financial statements for review. The financial statements are not required to be audited financial statements. The annual financial statements shall be in the form of:
 - i. Balance sheets, income statements and annual reports; or
 - ii. Tax returns; or
 - iii. SEC filings.

If tax returns are submitted, ensure it does not include any personal information (as defined under Florida Statutes Section 501.171, Florida Statutes), such as social security numbers, bank account or credit card numbers, or any personal pin numbers. If any personal information data is part of financial statements, redact information prior to submitting a response the County.

- c. If a Vendor has been in business for less than the number of years of required financial statements, then the Vendor must disclose all years that the Vendor has been in business, including any partial year-to-date financial statements.
- d. The County may consider the unavailability of the most recent year's financial statements and whether the Vendor acted in good faith in disclosing the financial documents in its evaluation.
- e. Any claim of confidentiality on financial statements should be asserted at the time of submittal. Refer to **Standard Instructions to Vendors**, Confidential Material/Public Records and Exemptions for instructions on submitting confidential financial statements. The Vendor's failure to provide the information as instructed may lead to the information becoming public.
- f. Although the review of a Vendor's financial information is an issue of responsibility, the failure to either provide the financial documentation or correctly assert a confidentiality claim pursuant the Florida Public Records Law and the solicitation requirements (Confidential Material/Public Records and Exemptions section) may result in a recommendation of non-responsiveness by the Director of Purchasing.

3. Authority to Conduct Business in Florida

- a. A Vendor must have the authority to transact business in the State of Florida and be in good standing with the Florida Secretary of State. For further information, contact the Florida Department of State, Division of Corporations.
- b. The County will review the Vendor's business status based on the information submitted with the solicitation response.
- c. It is the Vendor's sole responsibility to comply with all state and local business requirements.
- d. Vendor should list its active Florida Department of State Division of Corporations Document Number (or Registration No. for fictitious names) in the Vendor Questionnaire, Question No. 10.
- e. If a Vendor is an out-of-state or foreign corporation or partnership, the Vendor must obtain the authority to transact business in the State of Florida or show evidence of application for the authority to transact business in the State of Florida, upon request of the County.

- f. A Vendor that is not in good standing with the Florida Secretary of State at the time of a submission to this solicitation may be deemed non-responsible.
- g. If successful in obtaining a contract award under this solicitation, the Vendor must remain in good standing throughout the contractual period of performance.

4. **Affiliated Entities of the Principal(s)**

- a. All Vendors are required to disclose the names and addresses of “affiliated entities” of the Vendor’s principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County. The Vendor is required to provide all information required on the Affiliated Entities of the Principal(s) Certification Form.
- b. The County will review all affiliated entities of the Vendor’s principal(s) for contract performance evaluations and the compliance history with the County’s Small Business Program, including CBE, DBE and SBE goal attainment requirements. “Affiliated entities” of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor’s principals in its review and determination of responsibility.

5. **Insurance Requirements**

The Insurance Requirement Form reflects the insurance requirements deemed necessary for this project. While it is not necessary to have this level of insurance in effect at the time of solicitation response, all Vendors are required to either submit insurance certificates indicating that the Vendor currently carries the level insurance coverages or submit a letter from the insurance carrier indicating Vendor can provide the insurance coverages.

C. Additional Information and Certifications

The following forms and supporting information (if applicable) should be completed and submitted with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County’s written request. Failure to timely submit may affect Vendor’s evaluation.

1. **Vendor Questionnaire and Standard Certifications**

Vendors are required to submit detailed information on their firm and certify to the below requirements. Refer to the **Vendor Questionnaire and Standard Certification** and submit as instructed.

- a. Cone of Silence Requirement Certification
- b. Drug-Free Workplace Certification
- c. Non-Collusion Certification
- d. Public Entities Crimes Certification
- e. Scrutinized Companies List Certification

2. **Subcontractors/Subconsultants/Suppliers Requirement**

The Vendor shall submit a listing of all subcontractors, subconsultants, and major material suppliers, if any, and the portion of the contract they will perform. Vendors must follow the instructions included on the **Subcontractors/Subconsultants/Suppliers Information Form** and submit as instructed.

D. Standard Agreement Language Requirements

- 1. The acceptance of or any exceptions taken to the terms and conditions of the County’s Agreement shall be considered a part of a Vendor’s solicitation response and will be considered by the Evaluation Committee.
- 2. The applicable Agreement terms and conditions for this solicitation are indicated in the Special Instructions to Vendors.

3. Vendors are required to review the applicable terms and conditions and submit the Agreement Exception Form. The completed form should be submitted with the solicitation response. If not submitted with solicitation response, it shall be deemed an affirmation by the Vendor that it accepts the contract terms and conditions stated in the solicitation.
4. If exceptions are taken, the Vendor must specifically identify each term and condition with which it is taking an exception. Any exception not specifically listed is deemed waived. Simply identifying a section or article number is not sufficient to state an exception. Provide either a redlined version of the specific change(s) or specific proposed alternative language. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.
5. Submission of any exceptions to the Agreement does not denote acceptance by the County. Furthermore, taking exceptions to the County's terms and conditions may be viewed unfavorably by the Evaluation Committee and ultimately may impact the overall evaluation of a Vendor's submittal.

E. Evaluation Criteria

1. The Evaluation Committee will evaluate Vendors as per the **Evaluation Criteria**. The County reserves the right to obtain additional information from a Vendor.
2. Vendor has a continuing obligation to inform the County in writing of any material changes to the information it has previously submitted. The County reserves the right to request additional information from Vendor at any time.
3. For Request for Proposals, the following shall apply:
 - a. The Director of Purchasing may recommend to the Evaluation Committee to short list the most qualified firms prior to the Final Evaluation.
 - b. The Evaluation Criteria identifies points available; a total of 100 points is available.
 - c. If the Evaluation Criteria includes a request for pricing, the total points awarded for price is determined by applying the following formula:

$$\text{(Lowest Proposed Price/Vendor's Price)} \times \text{(Maximum Number of Points for Price)} \\ = \text{Price Score}$$
 - d. After completion of scoring, the County may negotiate pricing as in its best interest.
4. For Requests for Letters of Interest or Request for Qualifications, the following shall apply:
 - a. The Evaluation Committee will create a short list of the most qualified firms.
 - b. The Evaluation Committee will either:
 - i. Rank shortlisted firms; or
 - ii. If the solicitation is part of a two-step procurement, shortlisted firms will be requested to submit a response to the Step Two procurement.

F. Demonstrations

Refer to Special Instructions to Vendors. Vendors determined to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable), will be required to demonstrate the nature of their offered solution. After receipt of solicitation responses, all Vendors will receive a description of, and arrangements for, the desired demonstration. All Vendors will have equal time for demonstrations, but the question-and-answer time may vary. In accordance with Section 286.0113 of the Florida Statutes and pursuant to the direction of the Broward County Board of Commissioners, demonstrations are closed to only the Vendor's team and County staff.

G. Presentations

Vendors that are determined to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) will have an opportunity to make an oral presentation to the Evaluation Committee on the Vendor's approach to this project and the Vendor's ability to perform. The committee may provide a list of subject matter for the discussion. All Vendor's will have equal time to present but the question-and-answer time may vary. In accordance with Section 286.0113 of the Florida Statutes, and the direction of the Broward County Board of Commissioners, presentations during Evaluation Committee Meetings are closed. Only the Evaluation Committee members, County staff and the vendor and their team scheduled for that presentation will be present in the Meeting Room during the presentation and subsequent question and answer period.

H. Public Art and Design Program

If indicated in **Special Instructions to Vendors**, Public Art and Design Program, Section 1-88, Broward County Code of Ordinances, applies to this project. It is the intent of the County to functionally integrate art, when applicable, into capital projects and integrate artists' design concepts into this improvement project. The Vendor may be required to collaborate with the artist(s) on design development within the scope of this request. Artist(s) shall be selected by Broward County through an independent process. For additional information, contact the Broward County Cultural Division.

I. Committee Appointment

The Cone of Silence shall be in effect for County staff at the time of the Evaluation Committee appointment and for County Commissioners and Commission staff upon the first meeting of the Evaluation Committee. The committee members appointed for this solicitation are available on the Purchasing Division's website under Committee Appointment.

J. Committee Questions, Request for Clarifications, Additional Information

At any committee meeting, the Evaluation Committee members may ask questions, request clarification, or require additional information of any Vendor's submittal or proposal. It is highly recommended Vendors attend to answer any committee questions (if requested), including a Vendor representative that has the authority to bind.

Vendor's answers may impact evaluation (and scoring, if applicable). Upon written request to the Purchasing Agent prior to the meeting, a conference call number will be made available for Vendor participation via teleconference. Only Vendors that are found to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) are requested to participate in a final (or presentation) Evaluation committee meeting.

K. Vendor Questions

The County provides a specified time for Vendors to ask questions and seek clarification regarding solicitation requirements. All questions or clarification inquiries must be submitted electronically through Periscope S2G by the Question & Answer due date and time specified in the solicitation document (including any addenda). The County will respond to questions electronically through Periscope S2G.

L. Confidential Material/ Public Records and Exemptions

1. Broward County is a public agency subject to Chapter 119, Florida Statutes. Upon receipt, all submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Submittals may be posted on the County's public website or included in a public records request response unless there is a declaration of "confidentiality" pursuant to the public records law and in accordance with the procedures in this section.
2. Any confidential material(s) the Vendor asserts is exempt from public disclosure under Florida Statutes must be labeled as "Confidential" and marked with the specific statute and subsection asserting exemption from Public Records. Electronic media, including flash drives, must also comply with this requirement and separate any files claimed to be confidential.

3. To submit confidential material, three copies (in print or electronic format) must be submitted in a sealed envelope, labeled "Confidential Matter" with the solicitation number, title, date and the time of solicitation opening to:
Broward County Purchasing Division 115
South Andrews Avenue, Room 212Fort
Lauderdale, FL 33301
4. Any materials that the Vendor claims to be confidential and exempt from public records must be marked and separated from the submittal. If the Vendor does not comply with these instructions, the Vendor's claim for confidentiality will be deemed as waived.
5. Submitting confidential material may impact full discussion of your submittal by the Evaluation Committee because the Committee will be unable to discuss the details contained in the documents cloaked as confidential at the publicly noticed Committee meeting.

M. Copyrighted Materials

Copyrighted material is not exempt from the Public Records Law, Chapter 119, Florida Statutes. Submission of copyrighted material in response to any solicitation will constitute a license and permission for the County to make copies (including electronic copies) as reasonably necessary for the use by County staff and agents, as well as to make the materials available for inspection or production pursuant to Public Records Law, Chapter 119, Florida Statutes.

N. State and Local Preferences

If the solicitation involves a federally funded project where the fund requirements prohibit the use of state and/or local preferences, such preferences contained in the Local Preference Ordinance and Broward County Procurement Code will not be applied in the procurement process.

O. Local Preference

The following local preference provisions shall apply except where otherwise prohibited by federal or state law or other funding source restrictions.

For all competitive solicitations in which objective factors used to evaluate the responses from vendors are assigned point totals:

- a. Five percent (5%) of the available points (for example, five points of a total 100 points) shall be awarded to each locally based business and to each joint venture composed solely of locally based businesses, as applicable;
- b. Three percent (3%) of the available points shall be awarded to each locally based subsidiary and to each joint venture that is composed solely of locally based subsidiaries, as applicable; and
- c. For any other joint venture, points shall be awarded based upon the respective proportion of locally based businesses and locally based subsidiaries' equity interests in the joint venture.

If, upon the completion of final rankings (technical and price combined, if applicable) by the Evaluation Committee, a nonlocal vendor is the highest ranked vendor and one or more Local Businesses (as defined by Section 1-74 of the Broward County Code of Ordinances) are within five percent (5%) of the total points obtained by the nonlocal vendor, the highest ranked Local Business shall be deemed to be the highest ranked vendor overall, and the County shall proceed to negotiations with that vendor. If impasse is reached, the County shall next proceed to negotiations with the next highest ranked Local Business that was within five percent (5%) of the total points obtained by the nonlocal vendor, if any.

Refer to Section 1-75 of the Broward County Local Preference Ordinance and the **Location Certification Form** for further information.

P. Tiebreaker Criteria

In accordance with Section 21.42(d) of the Broward County Procurement Code, the tiebreaker criteria shall be applied based upon the information provided in the Vendor's response to the solicitation. In order to receive credit for any tiebreaker criterion, complete and accurate information must be contained in the Vendor's submittal.

1. Location Certification Form;
2. Domestic Partnership Act Certification (Requirement and Tiebreaker);
3. Tiebreaker Criteria Form: Volume of Payments Over Five Years

Q. Posting of Solicitation Results and Recommendations

The Broward County Purchasing Division's website is the location for the County's posting of all solicitations and contract award results. It is the obligation of each Vendor to monitor the website in order to obtain complete and timely information.

R. Review and Evaluation of Responses

An Evaluation Committee is responsible for recommending the most qualified Vendor(s). The process for this procurement may proceed in the following manner:

1. The Purchasing Division delivers the solicitation submittals to agency staff for summarization for the committee members. Agency staff prepares a report, including a matrix of responses submitted by the Vendors. This may include a technical review, if applicable. If a demonstration is required, County will appoint a Technical Review Team ("TRT") to view all Vendor demonstrations. The TRT will be comprised of County staff with specific subject matter expertise. The TRT will review all Vendor demonstrations for compliance with the Demonstration Script. The Project Manager will compile the results of each Vendor's demonstration into a final TRT Report. The TRT Report will be distributed to the Evaluation Committee members prior to the Final Evaluation Meeting.
2. A solicitation may only be awarded to a vendor whose submission is responsive to the requirements of the solicitation. The Director of Purchasing shall determine whether submissions are responsive. For solicitations in which an Evaluation Committee has been appointed, the Director of Purchasing's determination regarding responsiveness is not binding on the Evaluation Committee, which may accept or reject such determination but must state with specificity the basis for any rejection thereof.
3. The Evaluation Committee, with assistance of the Purchasing Division and based on information provided by the applicable County Agencies and the Office of the County Attorney, shall determine whether vendors who have submitted responsive submissions are responsible. Notwithstanding the foregoing, the awarding authority for a solicitation shall have the ultimate authority to determine whether vendors who have submitted responsive submissions are responsible. When making determinations of responsibility, the Director of Purchasing or the Evaluation Committee (as applicable) may request additional information from any vendor on matters that may affect a vendor's responsibility. The failure of a vendor to provide information requested by the County may result in a determination of non-responsibility. In addition, a vendor may submit information regarding its responsibility; provided, however, that such information shall not be considered if it contradicts or materially alters the information provided by the vendor in its original response to the solicitation.

S. Vendor Protest

Part X of the Broward County Procurement Code sets forth procedural requirements that apply if a Vendor intends to protest a solicitation or proposed award of a contract and states in part the following:

1. Any written protest concerning the specifications or requirements of a solicitation (or of any addenda thereto) must be received by the Director of Purchasing within five (5) business days after the applicable solicitation (or addenda) is posted on the Purchasing Division's website.
2. Any written protest concerning a proposed award or ranking must be received by the Director of Purchasing within five (5) business days after the proposed award or ranking is posted on the Purchasing Division's website.
3. Calculation of Days. Unless otherwise expressly stated, all references to "days" mean calendar days between the hours of 8:30 a.m. and 5:00 p.m., excluding days that are County holidays. All references to "business days" mean Monday through Friday between the hours of 8:30 a.m. and 5:00 p.m., excluding days that are County holidays. In calculating time periods, the day of the event that triggers the time period shall be excluded from the calculation (for example, objections to a ranking must be filed within three (3) business days after the ranking is posted, so an objection to a ranking posted on a Monday must be filed no later than 5:00 p.m. on Thursday). Failure to file a written protest so that it is received by the Director of Purchasing within the timeframes set forth in

Part X of the Broward County Procurement Code shall constitute a waiver of the right to protest. A protest submitted to anyone other than the Director of Purchasing shall not be a valid protest.

Except as to any protest of the specifications or requirements of a solicitation, as a condition of initiating any protest, the protestor must, concurrently with filing the protest, pay a filing fee for the purpose of defraying the costs in administering the protest in accordance with the scheduled provided below. The filing fee shall be refunded if the protestor prevails in the protest. Failure to timely pay the required filing fee shall render the protest invalid.

<u>Estimated Contract Amount</u>	<u>Filing Fee</u>
Mandatory Bid Amount up to \$250,000	\$500
\$250,000 - \$500,00	\$1,000
\$500,001 - \$5 million	\$3,000
Over \$5 million	\$5,000

The estimated contract amount shall be the total bid amount offered by the protesting vendor in its response to the solicitation, inclusive of any contract renewals or extensions. If no bid amount was submitted by the protestor, the estimated contract amount shall be the County's estimated contract price for the procurement. The County will accept a filing fee in the form of a money order, certified check, or cashier's check, payable to "Broward County," or other manner of payment approved by the Director of Purchasing.

T. RIGHT TO APPEAL

The protestor may appeal the Director of Purchasing's denial of the protest with respect to the proposed award of a solicitation in accordance with Part XII of the Broward County Procurement Code. Decisions by the Director of Purchasing with respect to the specifications or requirements of a solicitation may only be appealed to the County Administrator or their designee, who shall determine the method, timing, and process of the appeal and whose decision shall be final.

1. The appeal must be received by the Director of Purchasing within ten (10) days after the date of the determination being appealed.
2. The appeal must be accompanied by an appeal bond by a Vendor having standing to protest and must comply with all other requirements of Part XII of the Broward County Procurement Code.
3. Except as otherwise provided by law, the filing of an appeal is an administrative remedy that must be exhausted prior to the filing of any civil action against the County concerning any subject matter that, had an appeal been filed, could have been addressed as part of the appeal.

U. Rejection of Responses

The Director of Purchasing may reject all responses to a solicitation, even when only one response is received, if the Director of Purchasing determines that doing so would be in the best interest of the County; provided, however, that only the Board may reject all responses to a solicitation where the issuance of the solicitation was approved by the Board.

V. Negotiations

Once a ranking is deemed final, the County shall commence contract negotiations with the top-ranked vendor (or, if provided in the solicitation, with multiple top-ranked vendors simultaneously). If the negotiation does not result in mutually satisfactory contract terms within a reasonable time, as determined by the Director of Purchasing, then the Director of Purchasing may terminate negotiations with the applicable vendor and commence (or continue, if the solicitation provided for negotiation with multiple top-ranked vendors) negotiations with the next-ranked vendor(s) or issue a new solicitation, as the Director of Purchasing determines to be in the best interest of the County. In accordance with Section 286.0113 of the Florida Statutes, and the direction of the Broward County Board of Commissioners, negotiations resulting from Evaluation Committee Meetings are closed. Only County staff and the selected vendor and their team will be present during negotiations.

W. Submittal Instructions:

1. Broward County does not require any personal information (as defined under Section 501.171, Florida Statutes), such as social security numbers, driver license numbers, passport, military ID, bank account or credit card numbers, or any personal pin numbers, in order to submit a response for ANY Broward County solicitation. DO NOT INCLUDE any personal information data in any document submitted to the County. If any personal information data is part of a submittal, this information must be redacted prior to submitting a response to the County.
2. Vendor MUST submit its solicitation response electronically through Periscope S2G and MUST confirm its solicitation response in order for the County to receive a valid response through Periscope S2G. It is the Vendor's sole responsibility to assure its response is submitted and received through Periscope S2G by the date and time specified in the solicitation.
3. The County will not consider solicitation responses received by other means. Vendors are encouraged to submit their responses in advance of the due date and the time specified in the solicitation. In the event that the Vendor is having difficulty submitting the solicitation response electronically through Periscope S2G, immediately notify the Purchasing Agent and then contact Periscope S2G for technical assistance.
4. Vendor must view, submit, and/or accept each of the documents in Periscope S2G. Web-fillable forms can be filled out and submitted through Periscope S2G.
5. After all documents are viewed, submitted, and/or accepted in Periscope S2G, the Vendor must upload additional information requested by the solicitation (i.e. Evaluation Criteria and Financial Statements) in the Item Response Form in Periscope S2G, under line one (regardless if pricing requested).
6. Vendor should upload responses to Evaluation Criteria in Microsoft Word or Excel format.
7. If the Vendor is declaring any material confidential and exempt from Public Records, refer to Confidential Material/ Public Records and Exemptions for instructions on submitting confidential material.
8. After all files are uploaded, Vendor must submit and CONFIRM its offer (by entering password) for offer to be received electronically through Periscope S2G.
9. If a solicitation requires an original Proposal Bond (per Special Instructions to Vendors), Vendor must submit in a sealed envelope, labeled with the solicitation number, title, date and the time of solicitation opening to:

Broward County Purchasing Division 115
South Andrews Avenue, Room 212 Fort
Lauderdale, FL 33301

A copy of the Proposal Bond should also be uploaded into Periscope S2G; this does not replace the requirement to have an original proposal bond. Vendors must submit the original Proposal Bond, by the due date and time specified in the solicitation.

Revised May 1, 2021

Supplier: Anuco Rx

Security Requirements

A. General Security Requirements and Criminal Background Screening:

1. All contractor and sub-contractor personnel requiring unescorted access to Broward County facilities must obtain a County issued contractor identification badge (contractor ID badge); except as specifically stated herein.
2. The background screening requirements for obtaining a contractor ID badge will depend on the facility to which unescorted access is being requested. Contract Administrators or designees and contractors may contact Broward County Security at (954) 357-6000 or FMsecurity@broward.org for the required background screening requirements associated with access to specific facilities. Contract Administrators will communicate all current and appropriate requirements to the contractor and sub-contractor throughout the contract period.

B. General Facilities:

1. Contractor and sub-contractor personnel servicing and requiring unescorted access to General Facilities must have a County issued contractor ID badge (contractor ID badge) which will be the responsibility of the contractor to obtain. Depending upon the request, the badge may carry electronic access privileges. The badge must be visible and worn at all times together with the contractor's company/business contractor ID badge. Similar to employee security/ID badges, requests for contractor ID badges are initially approved by the requesting agency director or designee and then submitted to Facilities Management Division (FMD) Security for final approval.
2. The issuance of a contractor ID badge for unescorted access to General Facilities requires a "Level 1" FDLE background check, which can be conducted by the Florida Department of Law Enforcement (FDLE). This "Level 1" FDLE background check is the contractor's responsibility and should be included in the bid price. FDLE background checks can be done by the contractor by phone at (850) 410-8109 or online at <https://web.fdle.state.fl.us/search/app/default>.
3. Upon completion of the background check, the contractor must attach a copy of the results to the contractor's application for a contractor ID badge. The Project Manager or designee utilizing the service of the contractor will be the "Sponsor" and will either provide the contractor with a Contractor ID Badge Request Form or assist the contractor in completing an on-line application for the County issued contractor ID badge.
4. Requests for a contractor ID badge requiring an FDLE background check may require lengthy processing and review by the Broward Sheriff's Office (BSO). Contractors and subcontractors must therefore submit the request to Broward County Security at least two (2) weeks prior to the start of service by the contractor. When identification badges are ready, Broward County Security will contact the contractor to arrange pick up. Upon pick up, the applicant must present a valid Florida identification and must be accompanied by his or her supervisor. Broward County Security will then supply contractor ID badge valid for the anticipated period within which the work will be performed. The validity period must be clearly stated on the Contractor ID Badge Request Form; however, the period of validity will not exceed one (1) year. Background checks will be required for renewal of contractor ID badge. At the termination of the contract and separation of employee services, the contractor is responsible for the collection and return of all contractor ID badge to the Project Manager and/or to Broward County Security.
5. Compliance with the County's security requirements is part of the overall contract performance evaluation. Final payment will, in part, be contingent on the return of all contractor ID badges issued to contractor personnel.
6. Broward County Security is located at Governmental Center East, 115 South Andrews Avenue Fort Lauderdale, FL 33301. Telephone (954) 357-6000.
7. All contractors must wear distinctive and neat appearing uniforms with vendor's company name. Sub-contractor personnel must also have Broward County issued contractor IDs and meet the same security requirements and uniform standards as the primary contractor.
8. Contractors will not be allowed unescorted on the job site without proper County issued contractor ID badges.

C. Facilities Critical to Security and Public Safety:

Many Broward County government facilities will have areas designated as critical to security and public safety, pursuant to Broward County Ordinance 2003-08 Sections 26-121 and 26-122, as may be amended. The issuance of a contractor ID badge for unescorted access to facilities critical to security and public safety may entail a comprehensive statewide and national background check. Unescorted access to certain facilities occupied by the Broward Sheriff's Office (BSO) and the State Attorney's Office will require a national fingerprint-based records check per the Criminal Justice Information System (CJIS) policy.

A contractor employee found to have a criminal record consisting of felony conviction(s) shall be disqualified from access to the State Attorney's Offices and certain BSO facilities. A contractor employee with a record of misdemeanor offense(s) may be granted access if the System Security Officer (CSO), Terminal Access Coordinator (TAC), and FDLE determines that the nature of the offense(s) do not warrant disqualification. Applicants shall also be disqualified on the basis of confirmations that arrest warrants are outstanding for such applicants.

D. Contractor Work Crews:

Background investigations are generally not required for each member of a contractor work crew working on county premises and outside a building or structure. Examples are landscape crews and roofers. If it is necessary to enter the building or structure unescorted, these work crew members should obtain a contractor ID badge. If not, work crew members must be escorted at all times by the project manager, or designee, and must be under the direct supervision of a foreperson for the contractor. The foreperson must be aware of the crew members' whereabouts, has completed the appropriate background check for the location and type of work being undertaken, and has been issued and is displaying a contractor ID badge.

All members of a night cleaning crew must complete a background investigation appropriate to the requirements of the facility and so should all work crew members not escorted when working at a critical county facility.

Notwithstanding, the using agency is best positioned and suited to determine the safeguards and requirements that should be in place to manage the risks and consequences associated with the roles and activities of contractor, subcontractor, and work crews, when requesting a contractor ID badge. The agency is aware of the characteristics of the client population being served by the classes of persons, the need to safeguard high-value assets, and the requirement to comply with all statutory requirements governing background investigations.

E. Other Vendors:

Consultants, delivery personnel, and vending machine operators, without a County issued contractor badge, may obtain a Visitor pass and should be escorted by County personnel when accessing and working in designated non-public and employee work areas at both general facilities and facilities critical to security and public safety.

F. Port Everglades Locations:

1. The Port Everglades Department requires persons to present, at port entry, a valid driver's license, and valid reason for wishing to be granted port access in order to obtain a temporary/visitor ID badge. For persons who will visit the Port more than 15 times in a 90 day period, a permanent identification badge must be obtained and paid for by the contractor for all employees, subcontractors, agents and servants visiting or working on the port project. A restricted access badge application process will include fingerprints and a comprehensive background check. Badges must be renewed annually and the fees paid pursuant to Broward County Administrative Code, Section 42.6. For further information, please call 954-765-4225.
2. All vehicles that are used regularly on the dock apron must have a Dockside Parking Permit. Only a limited number of permits will be issued per business entity. The fee is \$100.00 per permit/vehicle. Individuals requesting a permit must possess a valid Port-issued Restricted Access Area badge with a "Dock" destination. Requests for Dockside Parking Permits must be submitted in writing, on company letterhead, to the ID Badge Office. Applicants must demonstrate a need for access to the dock apron. Requests shall be investigated, and approved, if appropriate justification is provided. Supporting documentation must be supplied, if requested. Dock permits are not transferable and must be affixed to the lower left corner of the permitted vehicle's windshield. Should the permit holder wish to transfer the permit to another vehicle during the term of issuance, the permit will be removed and exchanged at no charge for

a new permit. Only one business entity representative will be permitted on the dock at a time at the vessel location.

3. The Federal Government has instituted requirements for a Transportation Worker Identification Credential (TWIC) for all personnel requiring unescorted access to designated secure areas within Port Everglades. The contractor will be responsible for complying with the applicable TWIC requirements. For further information, please call 1-855-347-8371, or go on line to <https://www.tsa.gov/for-industry/twic>.

G. Airport Security Program and Aviation Regulations:

1. Consultant/contractor agrees to observe all security requirements and other requirements of the Federal Aviation Regulations applicable to Consultant/contractor, including without limitation, all regulations of the United States Department of Transportation, the Federal Aviation Administration and the Transportation Security Administration, and the Consultant/contractor agrees to comply with the County's Airport Security Program and the Air Operations area (AOA) Vehicle Access Program, and amendments thereto, and to comply with such other rules and regulations as may be reasonably prescribed by the County, and to take such steps as may be necessary or directed by the County to insure that sub lessees, employees, invitees and guests observe these requirements. If required by the Aviation Department, Consultant/contractor shall conduct background checks of its employees in accordance with applicable Federal regulations.
2. If as a result of the acts or omissions of Consultant/contractor, its sub lessees, employees, invitees or guests, the County incurs any fines and/or penalties imposed by any governmental agency, including without limitation, the United States Department of Transportation, the Federal Aviation Administration or the Transportation Security Administration, or any expense in enforcing any federal regulations, including without limitation, airport security regulations, or the rules or regulations of the County, and/or any expense in enforcing the County's Airport Security Program, then consultant/contractor agrees to pay and/or reimburse the County all such costs and expenses, including all costs of administrative proceedings, court costs, and attorneys' fees and all costs incurred by County in enforcing this provision. Consultant/contractor further agrees to rectify any security deficiency or other deficiency as may be determined as such by the County or the United States Department of Transportation, Federal Aviation Administration, the Transportation Security Administration, or any other federal agency. In the event consultant/contractor fails to remedy any such deficiency, the County may do so at the cost and expense of consultant/contractor. The County reserves the right to take whatever action is necessary to rectify any security deficiency or other deficiency.
3. Operation of Vehicles on the AOA: Before the consultant/contractor shall permit any employee of consultant/contractor or any sub consultant/subcontractor to operate a motor vehicle of any kind or type on the AOA (and unless escorted by an Aviation Department approved escort), the consultant/contractor shall ensure that all such vehicle operators possess current, valid, and appropriate Florida driver's licenses. In addition, any motor vehicles and equipment of consultant/contractor or of any sub consultant/subcontractor operating on the AOA must have an appropriate vehicle identification permit issued by the Aviation Department, which identification must be displayed as required by the Aviation Department.
4. Consent to Search/Inspection: The consultant/contractor agrees that its vehicles, cargo, goods, and other personal property are subject to being inspected and searched when attempting to enter or leave and while on the AOA. The consultant/contractor further agrees on behalf of itself and its sub consultant /subcontractors that it shall not authorize any employee or other person to enter the AOA unless and until such employee other person has executed a written consent-to-search/inspection form acceptable to the Aviation Department. Consultant/contractor acknowledges and understands that the forgoing requirements are for the protection of users of the Airport and are intended to reduce incidents of cargo tampering, aircraft sabotage, thefts and other unlawful activities at the Airport. For this reason, consultant/contractor agrees that persons not executing such consent-to-search/inspection form shall not be employed by the consultant/contractor or by any sub consultant/contractor at the Airport in any position requiring access to the AOA or allowed entry to the AOA by the consultant/contractor or by any sub consultant/contractors.
5. The provisions hereof shall survive the expiration or any other termination of this contract.

H. Water and Wastewater Services (WWS):

1. Contractors/Consultants may receive a WWS ID Badge and/or Access Card and/or Keys while working at WWS facility work sites. These items provide modified access to certain areas and systems otherwise restricted to non-WWS employees and can only be obtained from the WWS Security Manager. These items may be rescinded at the discretion of the WWS Security Officer.

The WWS ID Badge, Access Card and/or Keys remain the property of Broward County and must be returned to your WWS contact person at the end of the contract/project.

2. All contractors will complete and sign the WWS Contractor/Consultant Security Memorandum and provide a copy of their Driver's License to be recorded on Schlage Card Access System Profile.
3. A lost or stolen ID Badge and/or Access Card and/or Keys must be reported to the Security Manager immediately.
4. WWS may terminate access to any contractor who acts inappropriately while on County property and has the right to contact BSO if necessary to have the contractor removed and/or file charges against them.

I. Additional Security Requirements for Parks and Recreation:

1. Contractor expressly understands and agrees that a duty is hereby created under this Contract that requires contractor to provide ongoing disclosure throughout the term of this Contract as provided for herein relative to the criminal background screening required by this Section.
2. Contractor shall perform criminal background screening as identified in Item 3 below on its officers, employees, agents, independent contractors and volunteers who will be working under this contract in any County park ("collectively referred to as "County Park Property"). Further, if contractor is permitted to utilize subcontractors under this contract, contractor shall perform or ensure that the background screening as required in Item 3 below is conducted on any permitted subcontractor, which term includes the subcontractor's officers, employees, agents, independent contractors and volunteers who will be working under this contract on County Park property.
3. Contractor shall not permit any person who is listed as a sexual predator or sexual offender on the Florida Department of Law Enforcement, Sexual Offenders and Predators Website or the United States Department of Justice, National Sex Offender Public Website, to provide any services for contractor on County Park Property. All persons subject to the criminal background screening under this contract shall be rescreened annually based on the date of initial screening.
4. Contractor shall maintain copies of the results of the criminal background screening required by this Section for the term of this contract and promptly forward copies of same to County, upon its request.
5. Contractor shall be required to furnish to County's Parks and Recreation Project Manager, on a monthly basis, an Affidavit affirming the persons listed in the Affidavit have been background screened as required in Item 3 above and have been deemed eligible by contractor to work on County Park property. Contractor's monthly Affidavit shall update information from the previous Affidavit by reconfirming the status of persons who have previously been deemed eligible as provided for above and updating the list, when applicable, to specifically identify new persons providing services for contractor under this Contract who have been background screened as required in Item 3 above and deemed eligible to work on County Park Property. The Contract Administrator may, in his or her discretion, permit contractor to furnish the monthly Affidavit in an electronic format.
6. In the event contractor obtains, or is provided, supplemental criminal background information, including police reports and arrest information, which potentially disqualifies a person previously deemed eligible by contractor to provide services under this contract, contractor shall take immediate action to review the matter; however, during such review time and until a determination of eligibility is made by contractor based on the requirements of this Section, contractor shall immediately cease allowing the person to work on County Park Property. Additionally, contractor shall be required to inform any person background screened pursuant to this Section who is providing services under this contract, to notify contractor within forty-eight (48) hours of any arrest related to sexual misconduct which has occurred after the person was deemed eligible to work on County Park Property.
7. Contractor shall, by written contract, require its permitted subcontractors to agree to the requirements and obligations of this Section.
8. County may terminate this contract immediately for cause, with Notice provided to contractor, for a violation related to contractor's failure to perform the required background screening on its officers, employees, agents, independent contractors and volunteers who will be working under this Agreement on County Park Property. County may also terminate this contract immediately for cause, with Notice provided to contractor, if County determines contractor failed to ensure that its permitted subcontractors, as defined in Item 2 above, have been background screened as required in this section prior to performing any services under this Agreement on County Park Property. Contractor will not be subject to immediate termination in the event County determines a violation of this Section was outside the reasonable control of contractor and contractor has demonstrated to County compliance with the requirements of this Section.

9. County may terminate this contract for cause if contractor fails to provide the monthly Affidavit to County as provided for under Item 5 above, and contractor does not cure said breach within five (5) days of Notice provided to contractor.

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STANDARD CERTIFICATIONS
Request for Proposals, Request for Qualifications, or Request for Letters of Interest

Vendor should complete and acknowledge the standard certifications and submit with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation. It is imperative that the person completing the standard certifications be knowledgeable about the proposing Vendor's business and operations.

Cone of Silence Requirement Certification:

The Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances prohibits certain communications among Vendors, Commissioners, County staff, and Selection or Evaluation Committee members. Identify on a separate sheet any violations of this Ordinance by any members of the responding firm or its joint ventures. After the application of the Cone of Silence, inquiries regarding this solicitation should be directed to the Director of Purchasing or designee. The Cone of Silence terminates when the County Commission or other awarding authority takes action which ends the solicitation.

The Vendor hereby certifies that: (check each box)

- The Vendor has read Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances; and
- The Vendor understands that the Cone of Silence for this competitive solicitation shall be in effect beginning upon the appointment of the Selection or Evaluation Committee, for communication regarding this solicitation with the County Administrator, Deputy County Administrator, Assistant County Administrators, and Assistants to the County Administrator and their respective support staff or any person, including Evaluation or Selection Committee members, appointed to evaluate or recommend selection in this RFP/RLI process. For Communication with County Commissioners and Commission staff, the Cone of Silence allows communication until the initial Evaluation or Selection Committee Meeting.
- The Vendor agrees to comply with the requirements of the Cone of Silence Ordinance.

Drug-Free Workplace Requirements Certification:

Section 21.31.a. of the Broward County Procurement Code requires awards of all competitive solicitations requiring Board award be made only to firms certifying the establishment of a drug free workplace program. The program must consist of:

1. Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
2. Establishing a continuing drug-free awareness program to inform its employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The offeror's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Giving all employees engaged in performance of the contract a copy of the statement required by subparagraph 1;
4. Notifying all employees, in writing, of the statement required by subparagraph 1, that as a condition of employment on a covered contract, the employee shall:
 - a. Abide by the terms of the statement; and
 - b. Notify the employer in writing of the employee's conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or of any state, for a violation occurring in the workplace NO later than five days after such conviction.

5. Notifying Broward County government in writing within 10 calendar days after receiving notice under subdivision 4.b above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
6. Within 30 calendar days after receiving notice under subparagraph 4 of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
 - a. Taking appropriate personnel action against such employee, up to and including termination; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and
7. Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs 1 through 6.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that it has established a drug free workplace program in accordance with the above requirements.

Non-Collusion Certification:

Vendor shall disclose, to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135 (1) (c), Florida Statutes, who is an officer or director of, or has a material interest in, the Vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. Failure of a Vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.

The Vendor hereby certifies that: (select one)

- The Vendor certifies that this offer is made independently and free from collusion; or
- The Vendor is disclosing names of officers or employees who have a material interest in this procurement and is in a position to influence this procurement. Vendor must include a list of name(s), and relationship(s) with its submittal.

Public Entities Crimes Certification:

In accordance with Public Entity Crimes, Section 287.133, Florida Statutes, a person or affiliate placed on the convicted vendor list following a conviction for a public entity crime may not submit on a contract: to provide any goods or services; for construction or repair of a public building or public work; for leases of real property to a public entity; and may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for Category Two for a period of 36 months following the date of being placed on the convicted vendor list.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that no person or affiliates of the Vendor are currently on the convicted vendor list and/or has not been found to commit a public entity crime, as described in the statutes.

Scrutinized Companies List Certification:

Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List is prohibited from submitting a response to a solicitation for goods or services in an amount equal to or greater than \$1 million.

The Vendor hereby certifies that: (check each box)

- The Vendor, owners, or principals are aware of the requirements of Sections 287.135, 215.473, and 215.4275, Florida Statutes, regarding Companies on the Scrutinized Companies with Activities in Sudan List the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and

- The Vendor, owners, or principals, are eligible to participate in this solicitation and are not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- If awarded the Contract, the Vendor, owners, or principals will immediately notify the County in writing if any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List.

I hereby certify the information provided in the Vendor Questionnaire and Standard Certifications:

GINA JULES
*AUTHORIZED SIGNATURE/NAME

CEO
TITLE

6/4/2021
DATE

Vendor Name: **info@anucorx.com**

* I certify that I am authorized to sign this solicitation response on behalf of the Vendor as indicated in Certificate as to Corporate Principal, designation letter by Director/Corporate Officer, or other business authorization to bind on behalf of the Vendor. As the Vendor's authorized representative, I attest that any and all statements, oral, written or otherwise, made in support of the Vendor's response, are accurate, true and correct. I also acknowledge that inaccurate, untruthful, or incorrect statements made in support of the Vendor's response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code. I certify that the Vendor's response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same items/services, and is in all respects fair and without collusion or fraud. I also certify that the Vendor agrees to abide by all terms and conditions of this solicitation, acknowledge and accept all of the solicitation pages as well as any special instructions sheet(s).

Supplier: Anuco Rx

LOBBYIST REGISTRATION REQUIREMENT CERTIFICATION

The completed should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

The Vendor certifies that it understands if it has retained a lobbyist(s) to lobby in connection with a competitive solicitation, it shall be deemed non-responsive unless the firm, in responding to the competitive solicitation, certifies that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances; and it understands that if, after awarding a contract in connection with the solicitation, the County learns that the certification was erroneous, and upon investigation determines that the error was willful or intentional on the part of the Vendor, the County may, on that basis, exercise any contractual right to terminate the contract for convenience.

The Vendor hereby certifies that: (select one)

- It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if retained after the solicitation, the County will be notified.
- It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances.

It is a requirement of this solicitation that the names of any and all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist:
Lobbyist's Firm:
Phone:
E-mail: **info@anucorx.com**

Name of Lobbyist:
Lobbyist's Firm:
Phone:
E-mail:

GINA JULES
Authorized Signature/Name

ANUCO RX
Vendor Name

CEO
TITLE

6/4/2021
DATE

Revised May 1, 2021

Supplier: Anuco Rx

CRIMINAL HISTORY SCREENING PRACTICES CERTIFICATION FORM

The completed and signed form should be returned with Vendor's submittal. If Vendor does not provide it with the submittal, Vendor must submit the completed and signed form within three business days after County's request. Vendor shall be deemed nonresponsive for failure to fully comply within stated timeframes.

Section 26-125(d) of the Broward County Code of Ordinances ("Criminal History Screening Practices") requires that a Vendor seeking a contract with Broward County, in the amount of \$100,000 or more, shall certify that it has implemented, or will implement upon award of the contract, policies, practices, and procedures regarding inquiry into the criminal history of an applicant for employment, including a criminal history background check of any such person, that preclude inquiry into an applicant's criminal history until the applicant is selected as a finalist and interviewed for the position. The failure of Vendor to comply with Section 26-125(d) at any time during the contract term shall constitute a material breach of the contract, entitling Broward County to pursue any remedy permitted under the contract and any other remedy provided under applicable law. If Vendor fails to comply with Section 26-125(d) at any time during the contract term, Broward County may, in addition to all other available remedies, terminate the contract and Vendor may be subject to debarment or suspension proceedings consistent with the procedures in Chapter 21 of the Broward County Administrative Code.

By signing below, Vendor certifies that it is aware of the requirements of Section 26-125(d), Broward County Code of Ordinances, and certifies the following: (check only one below).

Vendor certifies it has implemented, or will implement upon award of the contract, policies, practices, and procedures regarding inquiry into the criminal history of an applicant for employment, including a criminal history background check of any such person, that preclude inquiry into an applicant's criminal history until the applicant is selected as a finalist and interviewed for the position.

Vendor is exempt from the requirements of Section 26-125(d) of the Broward County Code of Ordinances because Vendor is required by applicable federal, state, or local law to conduct a criminal history background check in connection with potential employment at a time or in a manner that would otherwise be prohibited by this section, or because Vendor is a governmental agency.

AUTHORIZED SIGNATURE/ NAME: **Gina Jules**

VENDOR NAME: **Anuco Rx**

TITLE: **CEO**

DATE: **6/4/2021**

Revised May 1, 2021

Supplier: Anuco Rx

LITIGATION HISTORY FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- There are no material cases for this Vendor; or
- Material Case(s) are disclosed below:

Is this for a: (check type) <input type="checkbox"/> Parent, <input type="checkbox"/> Subsidiary, or <input type="checkbox"/> Predecessor Firm?	If Yes, name of Parent/Subsidiary/Predecessor: Or No <input type="checkbox"/>
Party	
Case Number, Name, and Date Filed	
Name of Court or other tribunal	
Type of Case	Bankruptcy <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Administrative/Regulatory <input type="checkbox"/>
Claim or Cause of Action and Brief description of each Count	
Brief description of the Subject Matter and Project Involved	
Disposition of Case (Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.)	Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment Vendor's Favor <input type="checkbox"/> Judgment Against Vendor <input type="checkbox"/> If Judgment Against, is Judgment Satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Opposing Counsel	Name: Email: info@anucorx.com Telephone Number:

Vendor Name: ANUCO RX

Revised May 1, 2021

Supplier: Anuco Rx

AGREEMENT EXCEPTION FORM

The completed form(s) should be submitted with the solicitation response. If not submitted with solicitation response, it shall be deemed an affirmation by the Vendor that it accepts contract terms and conditions stated in the solicitation.

The Vendor must provide on the form below, any and all exceptions it takes to the contract terms and conditions stated in the solicitation, including all proposed modifications to the contract terms and conditions or proposed additional terms and conditions. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.

- There are no exceptions to the contract terms and conditions state in this solicitation; or
- The following exceptions are taken to the contract terms and conditions state in this solicitation:
(use additional forms as needed; separate each Article/ Section number)

Term or Condition Article / Section	Insert proposed modifications to the contract terms and conditions or proposed additional terms and condition	Provide brief justification for proposed modifications

Vendor Name:

Revised May 1, 2021

Supplier: Anuco Rx

AFFILIATED ENTITIES OF THE PRINCIPAL(S) CERTIFICATION

The completed form should be submitted with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may result in Vendor being deemed non-responsive.

- a. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County.
- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Development Program, including County Business Enterprise (CBE), Disadvantaged Business Enterprise (DBE) and Small Business Enterprise (SBE) goal attainment requirements. "Affiliated entities" of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

The Vendor hereby certifies that: (select one)

- No principal of the proposing Vendor has prior affiliations that meet the criteria defined as "Affiliated entities"
- Principal(s) listed below have prior affiliations that meet the criteria defined as "Affiliated entities"

Principal's Name:

Names of Affiliated Entities:

Principal's Name:

Names of Affiliated Entities:

Principal's Name:

Names of Affiliated Entities:

Authorized Signature Name:

Title:

Vendor Name:

Date: **info@anucorx.com**

Revised May 1, 2021

Supplier: Anuco Rx

DOMESTIC PARTNERSHIP ACT CERTIFICATION FORM (REQUIREMENT AND TIEBREAKER)

Refer to Special Instructions to identify if Domestic Partnership Act is a requirement of the solicitation or acts only as a tiebreaker. If Domestic Partnership is a requirement of the solicitation, the completed and signed form should be returned with the Vendor's submittal. If the form is not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. To qualify for the Domestic Partnership tiebreaker criterion, the Vendor must currently offer the Domestic Partnership benefit and the completed and signed form must be returned at time of solicitation submittal.

The Domestic Partnership Act, Section 16 ½ -157, Broward County Code of Ordinances, requires all Vendors contracting with the County, in an amount over \$100,000 provide benefits to Domestic Partners of its employees, on the same basis as it provides benefits to employees' spouses, with certain exceptions as provided by the Ordinance.

For all submittals over \$100,000.00, the Vendor, by virtue of the signature below, certifies that it is aware of the requirements of Broward County's Domestic Partnership Act, Section 16-½ -157, Broward County Code of Ordinances; and certifies the following: (check only one below).

- 1. The Vendor currently complies with the requirements of the County's Domestic Partnership Act and provides benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses
- 2. The Vendor will comply with the requirements of the County's Domestic Partnership Act at time of contract award and provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses.
- 3. The Vendor will not comply with the requirements of the County's Domestic Partnership Act at time of award.
- 4. The Vendor does not need to comply with the requirements of the County's Domestic Partnership Act at time of award because the following exception(s) applies: **(check only one below)**.
 - The Vendor is a governmental entity, not-for-profit corporation, or charitable organization.
 - The Vendor is a religious organization, association, society, or non-profit charitable or educational institution.
 - The Vendor provides an employee the cash equivalent of benefits. (Attach an affidavit in compliance with the Act stating the efforts taken to provide such benefits and the amount of the cash equivalent).
 - The Vendor cannot comply with the provisions of the Domestic Partnership Act because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation (State the law, statute or regulation and attach explanation of its applicability).

GINA JULES
Authorized Signature/Name

CEO
Title

ANUCO RX
Vendor Name

6/4/2021
Date

Supplier: Anuco Rx

**VOLUME OF PREVIOUS PAYMENTS ATTESTATION
FORM**

The completed and signed form should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting documentation may affect the Vendor's evaluation.

This completed form MUST be included with the Vendor's submittal at the time of the opening deadline to be considered for a Tie Breaker criterion (if applicable).

Points assigned for Volume of Previous Payments will be based on the amount paid-to-date by the County to a prime Vendor **MINUS** the Vendor's confirmed payments paid-to-date to approved certified County Business Enterprise (CBE) firms performing services as Vendor's subcontractor/subconsultant to obtain the CBE goal commitment as confirmed by County's Office of Economic and Small Business Development. Reporting must be within five (5) years of the current solicitation's opening date.

Vendor must list all received payments paid-to-date by contract as a prime vendor from Broward County Board of County Commissioners. Reporting must be within five (5) years of the current solicitation's opening date.

Vendor must also list all total confirmed payments paid-to-date by contract, to approved certified CBE firms utilized to obtain the contract's CBE goal commitment. Reporting must be within five (5) years of the current solicitation's opening date.

In accordance with Section 21.41(h)(4) and 21.42(d)(3) of the Broward County Procurement Code, the Vendor with the lowest dollar volume of payments previously paid by the County over a five-year period from the date of the submittal opening will receive the Tie Breaker.

The Vendor attests to the following:

Item No.	Project Title	Contract No.	Department/ Division	Date Awarded	Prime: Paid to Date	CBE: Paid to Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Grand Total

Has the Vendor been a member/partner of a Joint Venture firm that was awarded a contract by the County?

Yes No

If Yes, Vendor must submit a **Joint Vendor Volume of Work Attestation Form**.

Vendor Name: Anuco Rx

Gina Jules
Authorized Signature/Name

CEO
Title

6/4/21
Date

**VOLUME OF PREVIOUS PAYMENTS ATTESTATION
FORM FOR JOINT VENTURE**

If applicable, this form and additional required documentation should be submitted with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting documentation may affect the Vendor's evaluation.

If a Joint Venture, the payments paid-to-date by contract provided must encompass the Joint Venture and each of the entities forming the Joint Venture.

Points assigned for Volume of Previous Payments will be based on the amount paid-to-date by contract to the Joint Venture firm **MINUS** all confirmed payments paid-to-date to approved certified CBE firms utilized to obtain the CBE goal commitment. Reporting must be within five (5) years of the current solicitation's opening date. Amount will then be multiplied by the member firm's equity percentage.

In accordance with Section 21.41(h)(4) and 21.42(d)(3) of the Broward County Procurement Code, the Vendor with the lowest dollar volume of payments previously paid by the County over a five-year period from the date of the submittal opening will receive the Tie Breaker.

The Vendor attests to the following:

Item No.	Project Title	Contract No.	Department/ Division	Date Awarded	JV Equity Percent	Prime: Paid to Date	CBE: Paid to Date
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Grand Total

Vendor is required to submit an executed Joint Venture agreement(s) and any amendments for each project listed above. Each agreement must be executed prior to the opening date of this solicitation.

Vendor Name: Anuco Rx

Gina Jules
Authorized Signature/Name

CEO
Title

6/4/21
Date

Revised May 1, 2021

Supplier: Anuco Rx

SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS REQUIREMENT

Request for Proposals, Request for Qualifications, or Request for Letters of Interest

The following forms and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

- A. The Vendor shall submit a listing of all subcontractors, subconsultants and major material suppliers (firms), if any, and the portion of the contract they will perform. A major material supplier is considered any firm that provides construction material for construction contracts, or commodities for service contracts in excess of \$50,000, to the Vendor.
- B. If participation goals apply to the contract, only non-certified firms shall be identified on the form. A non-certified firm is a firm that is not listed as a firm for attainment of participation goals (ex. County Business Enterprise or Disadvantaged Business Enterprise), if applicable to the solicitation.
- C. This list shall be kept up-to-date for the duration of the contract. If subcontractors, subconsultants or suppliers are stated, this does not relieve the Vendor from the prime responsibility of full and complete satisfactory performance under any awarded contract.
- D. After completion of the contract/final payment, the Vendor shall certify the final list of non-certified subcontractors, subconsultants, and suppliers that performed or provided services to the County for the referenced contract.
- E. The Vendor has confirmed that none of the recommended subcontractors, subconsultants, or suppliers' principal(s), officer(s), affiliate(s) or any other related companies have been debarred from doing business with Broward County or any other governmental agency.

If none, check the box below on this form. Use additional form(s) in Periscope S2G.

None -

- 1. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address:
Estimated Subcontract/Supplies Contract Amount:
Type of Work/Supplies Provided:
- 2. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address:
Estimated Subcontract/Supplies Contract Amount:
Type of Work/Supplies Provided:
- 3. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address:
Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided:

4. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address:
Estimated Subcontract/Supplies Contract Amount:
Type of Work/Supplies Provided:

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge.

Gina Jules
Authorized Signature/Name

CEO
Title

Anuco Rx
Vendor Name

6/4/2021
Date

Revised May 1, 2021

Supplier: Anuco Rx

Insurance Requirements: (Refer to the Insurance Requirement Form)

- A. The insurance requirement designated in the Insurance Requirement Form indicates the minimum coverage required for the scope of work, as determined by the Risk Management Division. Vendor shall provide verification of compliance such as a Certificate of Insurance, or a letter of verification from the Vendor's insurance agent/broker, which states the ability of the Vendor to meet the requirements upon award. The verification must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. Final award shall be subject to receipt and acceptance by the County of proof of meeting all insurance requirements of the bid. A party may be debarred for failure of a vendor awarded a contract to provide the required insurance within ten (10) days after demand therefor by the Purchasing Division.
- B. Without limiting any of the other obligations or liabilities of Vendor, Vendor shall provide, pay for, and maintain on a primary basis in force until all of its work to be performed under this Contract has been completed and accepted by County (or for such duration specified), at least the minimum insurance coverage and limits set forth in the Insurance Requirement Form under the following conditions listed below. If a limit or policy is not indicated on Insurance Requirement certificate by a checked box, it is not required as a condition of this contract.
1. Commercial General Liability with minimum limits per occurrence, combined single limit for bodily injury and property damage, and when indicated a minimum limit per aggregate. County is to be expressly included as an Additional Insured in the name of Broward County arising out of operations performed for the County, by or on behalf of Vendor, or acts or omissions of Vendor in connection with general supervision of such operation. If Vendor uses a subcontractor, then Vendor shall require that subcontractor names County as an Additional Insured.
 2. Business Automobile Liability with minimum limits per occurrence, combined single limit for bodily injury and property damage. Scheduled autos shall be listed on Vendor's certificate of insurance. County is to be named as an additional insured in the name of Broward County.

Note: Insurance requirements for Automobile Liability are not applicable where delivery will be made by a third party carrier. All vendors that will be making deliveries in their own vehicles are required to provide proof of insurance for Automobile Liability and other pertinent coverages as indicated on the Insurance Requirement certificate, prior to award. If deliveries are being made by a third party carrier, other pertinent coverages listed on the Insurance Requirement certificate are still required.

Vendor should indicate how product is being delivered: **N/A**

Vendor Name: **Anuco Rx**

Company Vehicle: Yes or No

If Common Carrier (indicate carrier):

Other: **info@anucorx.com**

3. Workers' Compensation insurance to apply for all employees in compliance with Chapter 440, the "Workers' Compensation Law" of the State of Florida and all applicable federal laws. The policy must include Employers' Liability with minimum limits each accident. If any operations are to be undertaken on or about navigable waters, coverage must be included for the U.S. Longshoremen & Harbor Workers Act and Jones Act.

4. Excess Liability/Umbrella Insurance may be used to satisfy the minimum liability limits required; however, the annual aggregate limit shall not be less than the highest "each occurrence" limit for the underlying liability policy. Vendor shall endorse County as an Additional Insured unless the policy provides coverage on a pure/true "Follow-form" basis.
5. Builder's Risk or equivalent coverage (such as Property Insurance or Installation Floater) is required as a condition precedent to the issuance of the Second Notice to Proceed for projects involving but not limited to: changes to a building's structural elements, work compromising the exterior of the building for any extended period of time, installation of a large single component, or remodeling where the cost of remodeling is 20% or more the value of the property. Coverage shall be, "All Risks" Completed Value form with a deductible not to exceed Ten Thousand Dollars (\$10,000.00) each claim for all perils except for wind and flood.
6. For the peril of wind, the Vendor shall maintain a deductible that is commercially feasible which does not exceed five percent (5%) of the value of the Contract price. Such Policy shall reflect Broward County as an additional loss payee.
7. For the peril of flood, coverage must be afforded for the lesser of the total insurable value of such buildings or structures, and the maximum amount of flood insurance coverage available under the National Flood Program. Vendor shall maintain a deductible that is commercially feasible and does not exceed five percent (5%) of the value of the Contract price. Such Policy shall reflect Broward County as an additional loss payee.
8. The County reserves the right to provide Property Insurance covering the Project, materials, equipment and supplies intended for specific installation in the Project while such materials, equipment and supplies are located at the Project site, in transit, or while temporarily located away from the Project site. This coverage will not cover any of the Vendor's or subcontractors' tools, equipment, machinery or provide any business interruption or time element coverage to the Vendor(s).
9. If the County decides to purchase Property Insurance or provide for coverage under its existing insurance policy for this Project, then the insurance required to be carried by the Vendor may be modified to account for the insurance being provided by the County. Such modification may also include execution of Waiver of Subrogation documentation.
10. In the event that a claim occurs for this Project and is made upon the County's insurance policy, for other than a windstorm, Vendor will pay at least Ten Thousand Dollars (\$10,000.00) of the deductible amount for such claim.
11. Waiver of Occupancy Clause or Warranty: Policy must be specifically endorsed to eliminate any "Occupancy Clause" or similar warranty or representation that the building (s), addition(s) or structure(s) in the course of construction shall not be occupied without specific endorsement of the policy. The Policy must be endorsed to provide that the Builder's Risk coverage will continue to apply until final acceptance by County.
12. Pollution Liability or Environmental Impairment Liability: including clean-up costs, with minimum limits per claim, subject to a maximum deductible per claim. Such policy shall remain in force for the minimum length of time indicated, include an annual policy aggregate and name Broward County as an Additional Insured. Vendor shall be responsible for all deductibles in the event of a claim.
13. Professional Liability Insurance with minimum limits for each claim, subject to a maximum deductible per claim. Such policy shall remain in force for the minimum length of time indicated. Vendor shall notify County in writing within thirty (30) days of any claim filed or made against its Professional Liability Insurance policy. Vendor shall be responsible for all deductibles in the event of a claim. The deductible shall be indicated on the Vendor's Certificate of Insurance.

- C. Coverage must be afforded on a form no more restrictive than the latest edition of the respective policy form as filed by the Insurance Services Office. If the initial insurance expires prior to the completion and acceptance of the Work, renewal certificates shall be furnished upon expiration. County reserves the right to obtain a certified copy of any insurance policy required by this Section within fifteen (15) calendar days of a written request by County.
- D. Notice of Cancellation and/or Restriction: the policy(ies) must be endorsed to provide Broward County with at least thirty (30) days' notice of cancellation and/or restriction.
- E. The official title of the Certificate Holder is Broward County. This official title shall be used in all insurance documentation.
- F. Broward County's Risk Management Division reserves the right, but not the obligation, to review and revise any insurance requirements at the time of contract renewal and/or any amendments, not limited to deductibles, limits, coverages and endorsements based on insurance market conditions affecting the availability or affordability of coverage; or changes in the scope of work/specifications affecting the applicability of coverage.

Revised May 1, 2021

Supplier: Anuco Rx



Finance and Administrative Services Department
PURCHASING DIVISION

115 S. Andrews Avenue, Room 212 - Fort Lauderdale, Florida 33301 - 954-357-6066 - FAX 954-357-8535

Summary of Vendor Rights Regarding Broward County Competitive Solicitations

The purpose of this document is to provide vendors with a summary of their rights to object to or protest a proposed award or recommended ranking of vendors in connection with Broward County competitive solicitations. These rights are fully set forth in the Broward County Procurement Code, which is available here: <https://www.broward.org/purchasing>.

1. Right to Object

The right to object is available for solicitations conducted through Requests for Proposals ("RFPs"), Requests for Letters of Interest ("RLIs"), or Requests for Qualifications ("RFQs"). In such solicitations, vendors may object in writing to a proposed recommendation of ranking made by an Evaluation Committee. Objections must be filed within three (3) business days after the proposed ranking is posted on the Purchasing Division's website. The contents of an objection must comply with the requirements set forth in Section 21.42(h) of the Procurement Code. Failure to timely and fully meet any requirement will result in a loss of the right to object.

2. Right to Protest

The right to protest is available for RFPs, RLIs, or RFQs and in solicitations conducted through Invitations to Bid ("ITBs") with a value equal to or greater than the Mandatory Bid Amount (i.e. \$100,000). In RFPs, RLIs, or RFQs, vendors may protest a proposed ranking made by an Evaluation Committee. In ITBs, vendors may protest a proposed award.

In all cases, protests must be filed in writing within five (5) business days after a proposed award or ranking is posted in Purchasing Division's website. Additional requirements for a protest are set forth in Part X of the Broward County Procurement Code. Failure to timely and fully meet any requirement will result in a loss of protest rights.

Vendors may appeal the denial of a protest. Appeals may require payment of an appeal bond. Additional requirements for an appeal are set forth in Part XII of the Broward County Procurement Code. Failure to timely and fully meet any requirement will result in a loss of appeal rights.

3. Cone of Silence: Right to Contact OESBD

Please be aware that a Cone of Silence remains in effect for competitive solicitations until a solicitation is completed or a contract is awarded. During that time period, vendors may not contact certain County officials and employees regarding a solicitation. Substantial penalties may result from even an unintentional violation. For further information, please contact the Purchasing Division at 954-357-6066 or refer to the Cone of Silence Ordinance which is available here: <http://www.broward.org/Purchasing/Documents/ConeofSilence.pdf>

Vendors may communicate with a representative of the Office of Economic and Small Business Development ("OESBD") at any time regarding a solicitation or regarding participation of Small Business Enterprises or County Business Enterprises in a solicitation. OESBD may be contacted at (954) 357-6400. The Cone of Silence also permits communication with certain other County employees (please see the Cone of Silence Ordinance at the above link for further details).

Revised May 1, 2021

Policy Change: Business Owner's Policy

Policy Number: 57 SBM AM0WKJ

Policy Period: 06/10/2021 to 06/10/2022

Named Insured and Mailing Address:

Jules Enterprise Group, Inc.,
Anuco Rx,
1560 SAWGRASS CORPORATE PKWY,
SUNRISE, FL 33323-2858

Policy Change Number: 1

Policy Change Effective Date: 06/15/2021,
Effective hour is the same as stated in the
Declarations Page of the Policy.

Insurer:

Hartford Underwriters Insurance Company, a
property and casualty company of The
Hartford

One Hartford Plaza, Hartford, CT 06155

Name of Agent/Broker:

EMBROKER INSURANCE SERVICES LLC
24 SHOTWELL STREET
SAN FRANCISCO, CA 94103

Code: 57556913

Coverage Parts Affected:

Common
Liability

This is NOT a bill. However, any changes in your premium will be reflected in your next billing statement. You will receive a separate bill from The Hartford. If you are enrolled in repetitive EFT draws from your bank account, changes in premium will change future draw amounts.

As a result of the changes described herein, there is no change in
premium.

\$0

*Price is subject to fees and surcharges

Countersigned by:

Susan L. Castaneda

06/19/2021

Authorized Representative

Date

Policy Change: Business Owner's Policy

The following has been added.

Liability	
	Notice of Cancellation to Certificate Holder(s) - Blanket with Disclaimer

Policy is amended to add the following Endorsement Forms reflecting the changes made to your policy.

FORM NUMBER	FORM NAME	COVERAGE PART
SC 00 06 10 18	POLICY CHANGE	Common
SL 90 13 10 18	NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)	Liability

Premium associated with this Policy Change has pro rata factor 0.986.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This policy is subject to the following additional Conditions:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B. If this policy is cancelled by the company for non-payment of premium, or by the insured, notice of such cancellation will be provided within ten (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

EXHIBIT G

ANUCO RX PHARMACY PERSONNEL				
LAST NAME	FIRST NAME	LICENSE CAT.	LICENSE NO.	EXP. DATE
ILTEUS	Wesly	Consultant Pharmacist	PU8514	12/31/2022
		Pharmacist	PS57297	9/30/2021
JULES	Gina	Consultant Pharmacist	PU8645	12/31/2022
		Pharmacist	PS40526	9/30/2021
MAYS	Erica	Consultant Pharmacist	PU7302	12/31/2022
		Pharmacist	PS31720	9/30/2021
MESIDOR	Smith	Consultant Pharmacist	PU8390	12/31/2022
		Pharmacist	PS58551	9/30/2023
POWELL	Leanne	Consultant Pharmacist	PU6462	12/31/2022
		Pharmacist	PS41682	9/30/2021
SHAHID	Talya	Consultant Pharmacist	PU 8660	12/31/2022
		Pharmacist	PS57439	9/30/2021
STEPLIN	Henry	Consultant Pharmacist	PU 8810	12/31/2022
		Pharmacist	PS57385	9/30/2021
TANIS	Michel	Consultant Pharmacist	PU7998	12/31/2022
		Pharmacist	PS40600	9/30/2021
EBONGO	Essien	Pharmacist	PS40406	9/30/2021
OJEABULU	Ganiat	Pharmacist	PS40758	9/30/2021
SCOTT	Tedra	Pharmacist	PS40252	9/30/2021
CHARLES	Faby	Pharmacy Technician	RPT27904	12/31/2022

AC# 09946818

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/12/2020	PU 8514	33836

THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **DECEMBER 31, 2022**
WESLY ILTEUS
1243 NE 2ND AVE
FORT LAUDERDALE, FL - 33304



Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

9242239

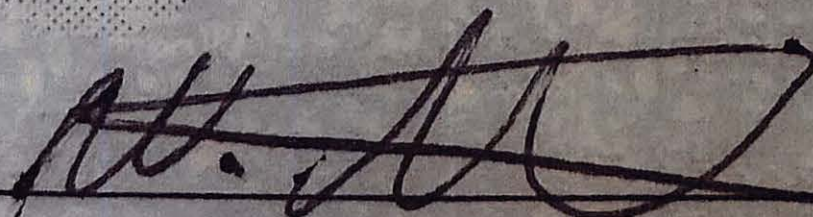
DATE	LICENSE NO.	CONTROL NO.
08/30/2019	PS 57297	303753

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : **SEPTEMBER 30, 2021**

WESLY ILTEUS



LICENSEE SIGNATURE

AC# 09948895

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/12/2020	PU 8645	33840

THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: DECEMBER 31, 2022
GINA JULES
1560 SAWGRASS CORPORATE PKWY
4TH FLOOR
SUNRISE, FL - 33323



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

09948895

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/12/2020	PU 8645	33840

THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : DECEMBER 31, 2022

GINA JULES

B14EZ0050

AC# 9301869

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/24/2019	PS 40526	320587

THE PHARMACIST

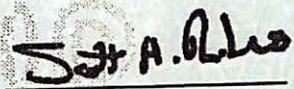
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: SEPTEMBER 30, 2021

GINA JULES
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL - 33323



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

9301869

AC#
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/24/2019	PS 40526	320587

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : SEPTEMBER 30, 2021

GINA JULES

LICENSEE SIGNATURE

AC# 09910428

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/19/2020	PU 7302	33132

THE CONSULTANT PHARMACIST


NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: DECEMBER 31, 2022

ERICA LASHEA MAYS
1720 S. GADSDEN ST.
TALLAHASSEE, FL - 32301



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
08/28/2019	PS 31720	302621

THE PHARMACIST

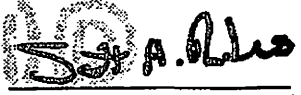
QUALIFICATION(S):
Certified To Administer Immunizations

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**
ERICA L. MAYS
1720 SOUTH GADSDEN STREET
FLORIDA
TALLAHASSEE, FL - 32301



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 09910428

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/19/2020	PU 7302	33132

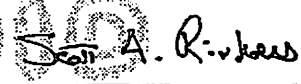
THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **DECEMBER 31, 2022**
ERICA LASHEA MAYS
1720 S. GADSDEN ST
TALLAHASSEE, FL - 32301



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 9836034

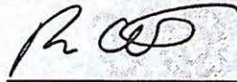
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/18/2020	PU 8390	32212

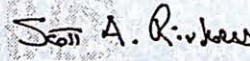
THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: DECEMBER 31, 2022
SMITH MESIDOR
2600 DERBY DRIVE
DELTONA, FL - 32738



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

9089889

DATE	LICENSE NO.	CONTROL NO.
06/04/2019	PS 58551	285522

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : **SEPTEMBER 30, 2021**

SMITH MESIDOR

Smith Mesidor

LICENSEE SIGNATURE

AC# 09926366

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

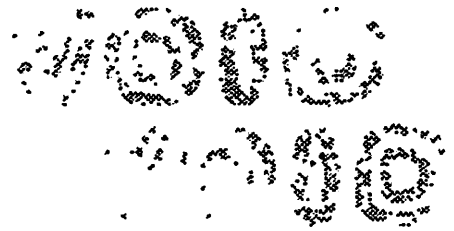
DATE	LICENSE NO.	CONTROL NO.
12/01/2020	PU 6462	33287

THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: DECEMBER 31, 2022

LEANNE SARAH POWELL
5501 COLLEGE ROAD
KEY WEST, FL - 33040



Ron DeSantis
GOVERNOR



DISPLAY IF REQUIRED BY LAW

Scott A. Rivkees, MD
State Surgeon General



Department of Health

LEANNE SARAH POWELL

License Number: PS41682

Data As Of 7/15/2021

Profession	Pharmacist
License	PS41682
License Status	CLEAR/ACTIVE
License Expiration Date	9/30/2021
License Original Issue Date	09/06/2006
Address of Record	2801 North State Rd 7 Florida MARGATE, FL 33063
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

AC# 9873737

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/27/2020	PU 8660	32716

THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.


Expiration Date: **DECEMBER 31, 2022**

TALYA ALYSIA SHAHID

143 FLAMINGO CT

FL

MONTICELLO, FL - 32344



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 10048919

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/05/2021	PS 57439	324678

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: SEPTEMBER 30, 2021

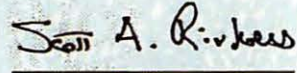
TALYA ALYSIA SHAHID
104-2 HAMILTON PARK DR
TALLAHASSEE, FL - 32304

QUALIFICATION(S):

Certified To Administer Immunizations



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 9873737

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/27/2020	PU 8660	32716

THE CONSULTANT PHARMACIST

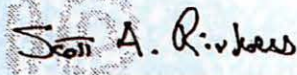
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: DECEMBER 31, 2022

TALYA ALYSIA SHAHID
143 FLAMINGO CT.
FL
MONTICELLO, FL - 32344



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

B14EZ0000

AC# 09957957

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/18/2020	PU 8810	34068

THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: DECEMBER 31, 2022
HENRY JOHN STEPLIN, JR.
606 CANNON STREET
FL
DAYTONA BEACH, FL - 32114



09957957

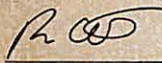
DATE	LICENSE NO.	CONTROL NO.
12/18/2020	PU 8810	34068

THE CONSULTANT PHARMACIST

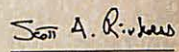
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: DECEMBER 31, 2022
HENRY JOHN STEPLIN, JR.

LICENSEE SIGNATURE



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: DECEMBER 31, 2022

Your license number is PU 8810. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at <http://flhealthsource.gov/>. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUND FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

9266765

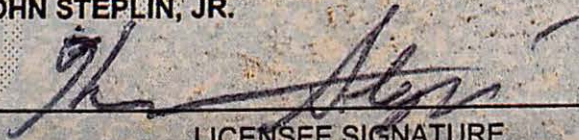
DATE	LICENSE NO.	CONTROL NO.
09/19/2019	PS 57385	311935

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : **SEPTEMBER 30, 2021**

HENRY JOHN STEPLIN, JR.



LICENSEE SIGNATURE

AC# 09963262

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/22/2020	PU 7998	34205

THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **DECEMBER 31, 2022**

MICHEL A TANIS
13698 SW 8TH ST
MIAMI, FL - 33184



Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 9273223

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/25/2019	PS 40800	314617

THE PHARMACIST

QUALIFICATION(S):
Certified To Administer Injections

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**

MICHEL ANGE TANIS
11750 SW 40TH ST
MIAMI, FL - 33175



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC#

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
08/27/2019	PS 40406	302062

THE PHARMACIST

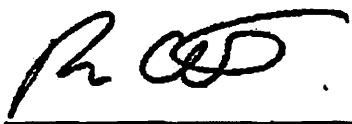
QUALIFICATION(S):

Certified To Administer Immunizations

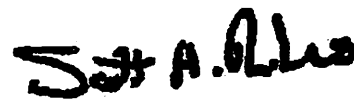
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**

**ESSIEN EBONGO EBONGO
202 SOUTH FEDERAL HWY
DANIA, FL - 33004**



**Ron DeSantis
GOVERNOR**



**Scott A. Rivkees, MD
State Surgeon General**

DISPLAY IF REQUIRED BY LAW

AC# 9115839

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
06/19/2019	PS 40758	287278

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**
GANIAT OLUWAMAYOWA OJEABULU
5335 NORTH MILITARY TRAIL
SUITE 44
WEST PALM BEACH, FL - 33407



Ron DeSantis
GOVERNOR

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):

Certified To Administer Immunizations

9115839

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

QUALIFICATION(S):
Certified To Administer
Immunizations

DATE	LICENSE NO.	CONTROL NO.
06/19/2019	PS 40758	287278

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date : **SEPTEMBER 30, 2021**
GANIAT OLUWAMAYOWA OJEABULU

LICENSEE SIGNATURE

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/28/2019	PS 40252	316663

THE PHARMACIST

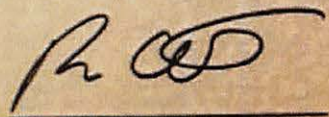
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**

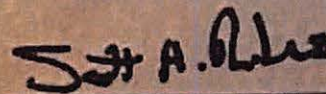
TEDRA TENILLE SCOTT

NOT PRACTICING

ZZ



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

927740

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/28/2019	PS 40252	316663

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**

TEDRA TENILLE SCOTT

LICENSER SIGNATURE

AC# 09967337

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/23/2020	RPT 27904	291617

THE REGISTERED PHARMACY TECHNICIAN

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **DECEMBER 31, 2022**

FABY L CHARLES
2100 45TH ST B1
WEST PALM BEACH, FL - 33407



Handwritten signature of Ron DeSantis in black ink.

Ron DeSantis
GOVERNOR

Handwritten signature of Scott A. Rivkees in black ink.

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW