



AGREEMENT SUMMARY

1. Other Contracting Party:
USIS, INC., D/B/A AMERISYS

2. Proposed Action:
New Contract, Amendment, Number, Renewal, Extension

3. Document Type (select one):
Consulting or Professional Services Contract

4. Purpose/Description:
Provide professional medical cost containment/case management services, which include First Report of Injury Intake, routing injured workers to network medical facilities, medical bill review, bill reporting to the State of Florida via Electronic Data Interchange.

5. Special Provisions (select if applicable):
Living Wage Program, SBE Sheltered Market Program, Workforce Investment Pilot Program, M/WBE Program, Federal DBE/ACDBE program, In-Kind Match Required, CBE Program, Cash Match Required

6.a. Effective Dates (for new agreements only):
Start: 07/01/2018
End: 06/30/2019

6.b. Effective Dates (amendments only):
No Change, End date has changed from, Term has from to

7. Contract Administrator:
Name: Jeffrey O'Connor
Phone: 954-357-7230

8. Contract Type:
Cost reimbursement, Open-end, Firm fixed price, Time and materials, Performance-based, Other

Table with 2 columns: Description, Amount. Rows include Base amount (\$105,000), Reimbursables, Optional Services, Total contract value (\$105,000).

Table with 2 columns: Description, Amount. Rows include Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

10. Payment Method:
Lump Sum Payment, Milestone or Progress-Based, Scheduled or Time-Based, Other

11. Payment Terms:
MONTHLY, BASED ON QUANTITY DELIVERED AND SPECIFIC PRICE PER ITEM.

12. Cost Adjustment:
Not Applicable, Fixed Percentage, Actual Cost, CPI or other Index, Fixed Amount, Other

13. Equity Program Participation Summary:
a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project:
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project:
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date:

14. Renewal or Extension Terms:
Provide interim contract, month to month, for period not to exceed one year based on same pricing terms and conditions as set forth in expiring agreement.

15. Termination and Cancellation Provisions:
For Cause: NOT APPLICABLE
For Convenience:

16. Deliverables, milestones or scope of this action:
Workers' Compensation medical cost containment/case management services.

17. List terms, considerations or deviations from standard county form.
Not applicable