BROWARD COUNTY

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

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1. Other Contracting Party:								
CORVEL HEALTHCARE CORPORATION								
2. Proposed Action:			3. Document Type (select one):					
New Contract Amendment, Number	Renewal	Extension	Consulting or Professional Services Contract					
4. Purpose/Description:								
Provides Medical Cost Containment and Case management Services for the County's Worker's Compensation Program.								
5. Special Provisions (select if applicable):								
Living Wage Program		SBE Sheltered	SBE Sheltered Market Program					
Workforce Investment Pilot Program		M/WBE Progr	M/WBE Program					
Federal DBE/ACDBE program		In-Kind Match	In-Kind Match Required: \$ or %					
CBE Program		Cash Match I	Cash Match Required: \$ or %					
6.a. Effective Dates (for new agreements only):		6.b. Effective Dates	6.b. Effective Dates (amendments only):					
Start : <u>July 1, 2019</u>		☐ No Change	☐ No Change					
End: <u>June 30, 2022</u>		End date has	End date has changed from to					
-		Term has	Term has from to .					
7. Contract Administrator:		8. Contract Type:	8. Contract Type:					
Name: <u>Wayne Fletcher</u>		Cost reimbur	Cost reimbursement Open-end					
Phone: 954- <u>357-7203</u>		Firm fixed pr	Firm fixed price Time and materials					
		Performance	-based Other					
9.a. Contract Value (new contracts)		9.b. Contract Value	9.b. Contract Value (amendments only)					
Actual Estimated		No change						
Base amount	\$581,79	0	Original approved contract value					
Reimbursables			Approved previous adjustments					
Optional Services	\$42,21	0	Value of this action					
Total contract value	\$624,00	0	Amended total contract value					
10. Payment Method	11. Payment Terms	7-7-1						
Lump Sum Payment	As per ARTICLE 5, the County will pay for services as per Exhibit B - Payment Schedule,							
Milestone or Progress-Based Price Structure								
Scheduled or Time-Based								
Other Control of the								
12. Cost Adjustment								
Not Applicable	Fixed Percentag	_						
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: 0%								
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: 0% c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: 0%								
14. Renewal or Extension Terms:	articipation to uate. <u>0 /0</u>	15. Termination and Can	Fermination and Cancellation Provisions					
AGREEMENT MAYBE EXTENDED AT THE	COLINTY'S OPTION		for Cause: PER ARTICLE 9.1 OF THE AGREEMENT					
FOR TWO (2) ONE YEAR PERIODS.	OCCINITION TO THE PROPERTY OF							
(=, 0.1.2 (= , 0.1.2 (= , 1.1.3 (=) (1.1.3 (=) (1.1		For Convenience: PER ARTICLE 9.1 OF THE AGREEMENT						
16. Deliverables, milestones or scope of this action	:	Services as listed	Services as listed in Exhibit A - Scope of Services					
17. List terms, considerations or deviations from st	andard county form.	None.						