

RESOLUTION NO. 2006-314

**A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF
ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS,
PROVISIONS, CONDITIONS, AND REQUIREMENTS OF AN
AGREEMENT BETWEEN THE BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, AND FLAGLER HOSPITAL, AUTHORIZING
THE CHAIRMAN OF THE BOARD OF COUNTY COMMISSIONERS OF
ST. JOHNS COUNTY TO EXECUTE THE AGREEMENT ON BEHALF
OF THE COUNTY**

WHEREAS, the Board of County Commissioners of St. Johns County (the "Board") was providing grant funds to the State of Florida Department of Health/St. Johns County Health Department for the purpose of providing Primary Care Services to St. Johns County residents; and,

WHEREAS, the St. Johns County Health Department subsequently contracted with Flagler Hospital to provide Adult Primary Care Services to the residents of St. Johns County; and

WHEREAS, the St. Johns County Health Department is no longer able to contract with the County for Adult Primary Care to provide such medical services or to contract with Flagler Hospital to provide Adult Primary Care services; and

WHEREAS, Flagler Hospital is currently providing Adult Primary Care services and is willing to continue and contract with the County for Adult Primary Care services for a period of three month so medical care for low income residents may continue uninterrupted until other medical services may be established; and

WHEREAS, both the Board and the Flagler Hospital (the "Provider") have agreed to the contract to include the assurance of delivery of Primary Care Services for low-income, uninsured, and underinsured County residents; and,

WHEREAS, both the Board and the Provider have agreed to compensation for this year, in the amount of the contract not to exceed Three Hundred and Sixty nine thousand, one hundred and five dollars and fifty one cents (\$369,105.51), for Primary Care Services for low-income, uninsured, and underinsured County residents thru December 31, 2006; and

WHEREAS, the Board has determined that accepting the terms of the Agreement, and entering into said amendment to the Agreement will serve the interests of the County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:

Section 1. The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

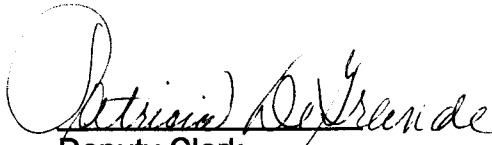
Section 2. The Board of County Commissioners hereby approves the terms, provisions, conditions, and requirements of the Agreement between the Board of County Commissioners of St. Johns County and Flagler Hospital and authorizing the Chairman of the Board of County Commissioners of St. Johns County, Florida to execute the Agreement on behalf of the County.

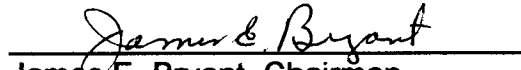
PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 19th day of September, 2006.

BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

Attest:

By:


Deputy Clerk


James E. Bryant, Chairman

RENDITION DATE 9-19-06



Contract No. _____

Funding Source: _____

**CONTRACT BETWEEN
THE ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS
And
Flagler Hospital, Inc.
For the Operation of the
Flagler Primary Care Clinics**

THIS CONTRACT is made and entered into between the Flagler Hospital, Inc., hereinafter referred to as "**PROVIDER**" and the St. Johns County Board of County Commissioners, hereinafter referred to as "**COUNTY**."

WHEREAS, COUNTY believes it to be in the public interest to provide certain activities to the St. Johns County residents through the **PROVIDER** according to this Contract, the **PROVIDER'S** intent as stated in the attachments and/or exhibits, and all other terms and conditions as specified.

NOW THEREFORE, in consideration of the mutual covenants, promises, and representations contained herein **COUNTY** and the **PROVIDER** agree as follows:

ARTICLE I SCOPE OF SERVICES

The Flagler Primary Care Clinics were created to provide adult primary care for the residents of St. Johns County. Such services were formerly provided by the St. Johns County Health Department, who is no longer able to provide adult primary care services. It is necessary for the parties hereto to enter into this Agreement in order to assure coordination between the County and the Provider in the operation of the primary care clinics.

The parties mutually agree that the Provider shall provide those services as set forth in Attachments I through V and Exhibit I, hereof, in order to maintain the levels of service of Adult Primary Care.

ARTICLE II TERM OF CONTRACT

This Contract shall begin **October 1, 2006** and ends **December 31, 2006**, unless terminated as specified in Article VIII, Suspension/Termination.

ARTICLE III COMPENSATION AND REPORTS

A. Contract Payment

The **COUNTY** will make payments to the **PROVIDER** and the **PROVIDER** agrees to accept as full compensation the total amount not to exceed **\$369,105.51**, which is the **COUNTY'S** appropriated responsibility. Of the **COUNTY'S** appropriated responsibility, **\$327,500.01**, shall be used to fund the Adult Primary Care Clinics at the Flagler Hospital location; the balance of **\$41,605.50**, shall be used to fund the Adult Primary Care Clinic at the Hastings location. Payments will be authorized only for services provided during the term of the contract and

prior to the payment request date. Payment is subject to the provisions of Article III B Deferred Payment/Return of Funds and Article VIII, Suspension/Termination. Funding is contingent upon the availability of funds.

The **COUNTY** has agreed to purchase the service(s) listed in Article I. This contract is for the payment of a fixed number of units of service at the fixed unit rate as listed below for Primary Care funds:

<u>Services/Units</u>	<u>Unit Price Per Month</u>	<u>Maximum # Of Units Annually</u>
Once month of comprehensive primary health care services at the Flagler Hospital location, to include a monthly average of 291 Blended Visits (Categories A & B), Ancillary services, contracted physician specialist services and making referrals.	\$109,166.67	3
Once month of comprehensive primary health care services at the Hasting location, to include a monthly average of 37 Blended Visits (Categories A & B), Ancillary services, contracted physician specialist services and making referrals.	\$13,868.50	3

B. Deferred Payment/Return of Funds

The **COUNTY** may defer payment to the **PROVIDER** for noncompliance with contract deliverables or program requirements.

If as a result of monitoring or audit, units of service provided are not documented a payment may be deferred. If units are found to be unallowable, no future payments will be made until the full amount of overpayment is remitted to St. Johns County or a repayment agreement is accepted by St. Johns County. If the monitoring or audit occurs after the term of this contract, the **PROVIDER** will be required to remit funds to the **COUNTY** in accordance with the repayment conditions below.

The **PROVIDER** agrees to return to the **COUNTY** any overpayments due to funds disallowed pursuant to the terms of this Contract. Such funds shall be considered **COUNTY** funds and must be refunded to the **COUNTY** within thirty (30) days of receiving notice from the **COUNTY** in writing regarding the overpayment. Should repayment not be made in a timely manner, the **COUNTY** will charge interest of one (1) percent per month compounded on the outstanding balance after forty (40) calendar days after the date of notification or discovery. The **PROVIDER** will be required to reimburse the **COUNTY** for any acts of non-compliance resulting in disallowed costs or fines.

C. Contract Deliverables

1. Required Reports (check if included in contract)

- Attachment II (a) – Primary Care Contract Invoice- Due: Monthly by the 20th of the following month.** Must be based upon approved unit rates and actual uncompensated units provided during the reporting period. Payment will be made upon receipt and approval by the **COUNTY** of a completed Contract Invoice. Copies of supporting documentation for units provided during the reporting period must be attached to the Payment Request.
- Attachment III (a) and III (b) – Clinic Information Detail Reports – Due: Monthly by the 20th of the following month.** The reports shall contain the amount of patients served by category, the amount of patients served, fees charged for the patient services and activities, and amounts received from third party reimbursements. The data shall be obtained from all Adult Primary Care Clinics and said reports must be attached to the monthly Contract Invoice.
- Attachment IV- Demographics Report: Due: With April 06 Contract Invoice for period covering October 1, 2005 to March 31, 2006 and Due with the Final Contract Invoice for the period covering April 1, 2006 to September 30, 2006.**
- Attachment V- Client Satisfaction Surveys: Due: At the end of each quarter period of the Contract.**

2. Required Documents

- Audited Financial Statement and Management Letter for fiscal year(s) in which contract funds are expended – **Due: 180 days following the end of PROVIDER'S fiscal year(s).**
- Monitoring Reports – A copy of monitoring reports from other funding agencies to the **PROVIDER** will be due to the **COUNTY** no later than **30 days** after receipt by the **PROVIDER**. Copies of monitoring reports must include the **PROVIDER'S** response to the funding agency.

D. Contract Closeout

- Final Payment Request - **Due: 10 days following end of contract.**

ARTICLE IV AUDITS, MONITORING, AND RECORDS

A. Monitoring

The **PROVIDER** agrees to permit persons duly authorized by the **COUNTY** and the Federal or

State grantor agency (if applicable) or any representatives to inspect all records, papers, documents, facility's goods and services of the **PROVIDER** and/or interview any clients and employees of the **PROVIDER** to be assured of satisfactory performance of the terms and conditions of this contract to the extent permitted by the law after giving the **PROVIDER** reasonable notice. The monitoring is a limited scope review of the contract and agency management and does not relieve the **PROVIDER** of its obligation to manage the grant in accordance with applicable rules and sound management practices.

Following such monitoring the **COUNTY** will deliver to the **PROVIDER** a written report regarding the manner in which services are being provided. The **PROVIDER** will rectify all noted deficiencies within the specified period of time indicated in the monitoring report or provide the **COUNTY** with a reasonable and acceptable justification for not correcting the noted shortcomings. The **PROVIDER'S** failure to correct or justify the deficiencies within the time specified by the **COUNTY** may result in the withholding of payments, being deemed in breach or default, or termination of this Contract.

PROVIDER must supply **COUNTY** with copies of all monitoring reports of programs that are funded by the **COUNTY** including agency response, within thirty (30) days of receipt.

B. Audits and Inspections

The **PROVIDER** will make all records referenced in Article IV. C., and all items included on financial statements available for audit or inspection purposes at any time during normal business hours and as often as **COUNTY** deems necessary.

The Clerk of Courts Internal Audit Division, the Federal or State grantor agency (if applicable), St. Johns County employees, or any of their duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of **PROVIDER** or Certified Public Accountant (CPA) that are pertinent to the contract, in order to make audits, examinations, excerpts, transcripts and copies of such documents. If contract non-compliance or material weaknesses in the organization are noted, the **COUNTY** or other authorized representatives have the right to unlimited access to records during an audit or inspection. This includes timely and reasonable access to a **PROVIDER'S** personnel for the purpose of interview and discussion related to such documents.

C. Records

The **PROVIDER** shall retain all financial, client demographics, and programmatic records, supporting documentation, statistical records, and other records which are necessary to document service provision, expenditures, income and assets of the **PROVIDER** by funding source, program, and functional expenses category during the term of this contract and five (5) years from the date of contract expiration. If any litigation, claim, negotiation, audit, or other action involving the records has been initiated before the expiration of the 5-year period, the records shall be retained for one (1) year after the final resolution of the action and final resolution of all issues that arise from such action.

D. Independent Audit

For contracts where the total compensation, disbursement, grant, or reimbursable expense (or any combination thereof) exceeds three hundred thousand dollars (\$300,000.00), then an original, bound audit of the **PROVIDER'S** financial statements must be submitted to the

COUNTY, in the form, format, and timeframe noted below, or elsewhere in this contract.

For contracts where the total compensation, disbursement, grant, or reimbursable expense (or any combination thereof) **does not exceed** three hundred thousand dollars (\$300,000.00), then an original, bound audit is not required, **unless the COUNTY** determines that an independent audit is warranted (base on among other things, the use of such funds), and provides the **PROVIDER** with a written explanation detailing the reason and/or rationale supporting the **COUNTY'S** determination that such an independent audit is warranted. Under those circumstances, the **COUNTY'S** written explanation will set forth the form, format, and timeframe for the independent audit.

An original, bound audit of the **PROVIDER'S** financial statements in accordance with Generally Accepted Accounting Principals (GAAP), and/or current Generally Accepted Government Auditing Standards (GAGAS) as applicable, including the auditor's opinion, requisite reports on internal control and compliance if required, management letter addressing internal controls, and management's response to such letter, must be submitted to the **COUNTY** no later than one hundred eighty (180) days following the end of **PROVIDER'S** fiscal year(s) along with any corrective action plan if applicable. Failure to submit the report within the required time frame will result in the withholding of payment requested, or termination of the contract by the **COUNTY**.

The audit must be conducted by an independent, licensed certified public accountant and must be in accordance with the General Accounting Office (GAO) Yellow Book, generally accepted Government Auditing Standards, OMB Circular A-133 "**Audits of States, Local Governments and Non-Profit Organizations**" if applicable, the Florida Single Audit Act (F.S. 215.97) if applicable, and the Auditor General Rule 10.550 (Government) or 10.650 (Not For Profit) as applicable. The audit must specifically identify the programs that are funded by this St. Johns County contract either in the statement of functional expenses, revenues and expenditures, footnotes, schedule of Federal awards and State financial assistance or as supplemental data in the financial statements. The statement should be consistent with programs detailed in the corresponding proposal(s), exhibit(s), and attachment(s).

ARTICLE V AMENDMENTS

PROVIDER must request a contract amendment in writing detailing the nature of and justification for the requested amendment. The **COUNTY** reserves the right to approve or deny all contract amendments. An approved amendment shall be documented on the contract amendment form and signed by both parties.

ARTICLE VI CONTRACTOR STATUS

A. Independent Contractor

It is the Parties' intention that the **PROVIDER** will be an independent contractor and not the County's employee for all purposes, including, but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, Florida revenue and taxation law, Florida Worker's Compensation law and Florida Unemployment Insurance Law. The **PROVIDER** will retain sole and absolute discretion

in the judgment of the manner and means of carrying out the **PROVIDER'S** activities and responsibilities hereunder. The **PROVIDER** agrees that it is a separate and independent enterprise from the public employer, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This agreement shall not be construed as creating any joint employment relationship between the **PROVIDER** and **COUNTY**, and **COUNTY** will not be liable for any obligation incurred by the **PROVIDER**, including, but not limited to, unpaid minimum wages and/or overtime premiums.

B. Subcontracts

Primary roles and responsibilities of **PROVIDER** can be subcontracted. It is mutually agreed that any County-funded program component that is subcontracted by **PROVIDER** must have a written contract upon execution of this contract. The subcontractor must have prior approval of the **COUNTY**, as listed in Attachment I of this Contract. The **PROVIDER** must ensure each subcontractor conforms to the terms and conditions of this contract and must be subject to indemnification as stated in Article VII.

ARTICLE VII RISK MANAGEMENT

A. Indemnification

The **PROVIDER** will defend, hold harmless, and indemnify the **COUNTY** from and against any and all liability, loss, claims, damages, wages or overtime compensation due its employees, costs, attorneys' fees, and expenses of whatever kind or nature which the **COUNTY** may sustain, incur, or be required to pay either by reason of the loss or improper use of any monies disbursed or to be disbursed hereunder including but not limited to fraud, embezzlement, or dishonesty on the part of any person represented or employed by the **PROVIDER**, or by reason of the intentional or negligent act of the **PROVIDER** or its agents, representatives and/or employees.

The **PROVIDER** further agrees that it will, at its own expense, defend any and all claims, actions, suits, or proceedings that may be brought against the **COUNTY** in connection with the above and satisfy, pay, and discharge any and all judgments or other resolution of claims that may be entered against the **COUNTY** in any such action or proceedings.

The **PROVIDER** further agrees that it is responsible for any and all claims arising from the hiring of individuals relating to activities provided under the Contract. All individuals hired are employees of the **PROVIDER** and not of the **COUNTY**.

B. Insurance

The **PROVIDER** agrees to secure and maintain the insurance coverage outlined below during the term of this Contract. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida. The **PROVIDER** shall furnish Certificates of Insurance to the **COUNTY** prior to the commencement of operations. The **PROVIDER** agrees that this insurance requirement shall not relieve or limit **PROVIDER'S** liability and that the **COUNTY** does not in any way represent that the insurance required is sufficient or adequate to protect the **PROVIDER'S** interests or liabilities, but are merely minimums. It is the responsibility of the **PROVIDER** to insure that all subcontractors comply with the insurance requirements.

Certificate(s) of Insurance ***naming St. Johns County Board of County Commissioners as Certificate Holder*** will be attached to this contract as an exhibit. Certificate(s) must be provided for the following:

1. **Workers' Compensation**– The **PROVIDER** shall maintain during the life of this Contract, adequate Workman's Compensation Insurance and Employer's Liability Insurance in at least such amounts as are required by the law for all of its employees (if four or more) per Florida Statute 440.02.
2. **Professional Liability** – The **PROVIDER** shall maintain during the term of this Contract, standard Professional Liability Insurance in the amount of \$1,000,000 per occurrence
3. **Comprehensive General Liability** - The **PROVIDER** shall maintain during the life of this Contract, Comprehensive General Liability Insurance in the amount of \$1,000,000 per occurrence to protect the PROVIDER from claims for damages for bodily injury, including wrongful death, as well as from claims or property damages which may rise from any operations under this Contract whether such operations be by the PROVIDER or by anyone directly employed by or contracting with the **PROVIDER**.

The General Liability Policy Certificate shall name "**St. Johns County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials**" as "**Additional Insured**". The **PROVIDER** agrees that the coverage granted to the Additional Insured applies on a primary basis, with the Additional Insured's coverage being excess.

4. **Business Auto Liability** – The following Automobile Liability will be required and coverage shall apply to all owned, hired, and non-owned vehicles used with minimum limits of:
\$100,000 bodily injury per person (BI)
\$300,000 bodily injury per occurrence (BI)
\$100,000 property damage (PD) or
\$300,000 combined single limit (CSL) of BI and PD
5. **Directors & Officers Liability** – Entity coverage to cover claims against the organization directly for wrongful acts with limits not less than \$100,000.
6. **Fidelity Bonding** – Covering all employees who handle the agency's funds. The bond amount must be equivalent to the highest daily cash balance or a minimum amount of \$50,000.

C. Notice of cancellation or modification

St. Johns County will be given thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested and addressed to the **St. Johns County Risk Manager, P. O. Box 349, St. Augustine, FL 32085-0349.**

ARTICLE VIII SUSPENSION/TERMINATION

A. Suspension

The **COUNTY** reserves the right to suspend funding for failure to comply with the requirements of this contract.

In the event **PROVIDER** ceases operation for any reason or files for protection from creditors under bankruptcy law, any remaining unpaid portion of this Contract, less funds for expenditures already incurred, shall be retained by the **COUNTY** and the **COUNTY** shall have no further funding obligation to the **PROVIDER** with regard to those unpaid funds.

B. Termination by COUNTY

The **COUNTY** may at any time and for any reason cancel this Contract by giving twenty-four (24) hours written notice to the **PROVIDER** by Certified Mail following a determination by the Board of County Commissioners, at its sole discretion, that such cancellation is in the best interest of the people of the county. From the date of cancellation, neither party shall have any further obligation unless specified in the termination notice.

C. Termination by PROVIDER

The **PROVIDER** may at any time and for any reason cancel this Contract by giving seventy-two (72) hours prior written notice to the **COUNTY** by Certified Mail of such and specifying the effective date.

COUNTY'S obligation to make any payments under any provision of this Contract shall cease on the effective date of termination.

ARTICLE IX ASSURANCE, CERTIFICATIONS, AND COMPLIANCE

The **PROVIDER** agrees that compliance with these assurances and certifications constitutes a condition of continued receipt of or benefit from funds provided through this Contract, and that it is binding upon the **PROVIDER**, its successors, transferees, and assignees for the period during which services are provided.

The **PROVIDER** further assures that all contractors, subcontractors, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of statutes, regulations, guidelines and standards. By acceptance of this funding, the **PROVIDER** assures and certifies the following:

- A. That they will comply with all applicable laws, ordinances, and regulations of the United States, the State of Florida, the **COUNTY**, and the municipalities as said laws, ordinances, and regulations exist and are amended from time to time. In entering into this contract, the **COUNTY** does not waive the requirements of any **COUNTY** or local ordinance or the requirements of obtaining any permits or licenses that are normally required to conduct business or activity contemplated by the **PROVIDER**.
- B. That they will comply with all Federal, State and local anti-discrimination laws that are applicable to the **PROVIDER**.
- C. That they will administer their programs under procedures, supervision, safeguards, and such other methods as may be necessary to prevent fraud and abuse, and that it will

target its services to those who most need them.

- D. That if clients are to be transported under this contract, the **PROVIDER** will comply with the provisions of Chapter 427, Florida Statutes, which requires the coordination of transportation for the disadvantaged.
- E. That any products or materials purchased with contract funds shall be procured in accordance with the provisions of Chapter 403.7065, Florida Statutes, which refers to the procurement of products or materials with recycled content.
- F. That they will comply with Chapter 39.201, Florida Statutes, that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, shall report such knowledge or suspicion to the Central Abuse Hotline (1-800-342-3720).
- G. That they will comply with Chapter 415.1034, Florida Statutes, that any person who knows or has reasonable cause to suspect that a vulnerable and or disabled adult has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the National Center on Elder Abuse Hotline (1-800-962-2873).
- H. That if personnel in programs under this contract work directly with children or youths and vulnerable or disabled adults, the **PROVIDER** will comply with the provisions of Chapters 435.03 and 435.04, Florida Statutes, which requires employment screening.
- I. That they will comply with Chapter 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature, State or county agencies.
- J. That they will notify the **COUNTY** immediately of any funding source changes and/or additions from other sources that are different from that shown in the **PROVIDER'S** application. This notification must include a statement as to how this change in funding affects provision of service as well as the use of and continued need for **COUNTY** funds.

That they will acknowledge support for activities funded wholly or in part by **COUNTY** funds.
- K. That they will notify the **COUNTY** of any SIGNIFICANT changes to the **PROVIDER** organization to include Articles of Incorporation and Bylaws within ten (10) working days of the effective date.

**ARTICLE X HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996
(HIPAA)**

St. Johns County, pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a "covered entity" as the law defines that term. Any "personal health information" ("PHI") as defined by the law that the **COUNTY** receives pursuant to this Agreement is subject to the disclosure and security requirements of HIPAA. Transfer of information to the **COUNTY** sufficiently "de-identified" to no longer be considered PHI is encouraged as being in the best interest of client PHI confidentiality to the extent that client services are unaffected. Particular methods to accomplish the

highest levels of client service coupled with PHI confidentiality shall be an on-going task of the effected staffs of the **COUNTY** and **PROVIDER**.

ARTICLE XI NOTICES

Official notices concerning this Contract shall be directed to the following authorized representatives:

PROVIDER:

Name: Lynda Kirker
Title: Vice President
Agency: Flagler Hospital
Address: 400 Health Park Blvd
St. Augustine, FL 32086
Telephone: (904) 825-4400
Fax: (904)
Email : Lynda.Kirker@flaglerhospital.org

COUNTY:

Name: Ann Henry
Title: Contracts Specialist
SJC Health & Human Svcs. Dept.
Address: 1955 US 1 South, Suite D9
St. Augustine, FL 32086
Telephone: (904) 209-6140
Fax: (904) 823-2646
Email: ahenry@co.st-johns.fl.us

The signatures of the **two** persons shown below are designated and authorized by the Provider to sign all applicable reports:

Lynda I Kirker
Name (Print)
Lynda I Kirker
Signature
Chief Financial Officer
Title (Print)

OR

Name (Print)

Signature

Title (Print)

In the event that either party designates different representatives after execution of this contract, notice of the name and address of the new representative will be rendered in writing by authorized officer of **PROVIDER** to the **COUNTY**. The notification shall be attached to originals of this Contract.

ARTICLE XII SPECIAL PROVISIONS

If needed, **PROVIDER** may be called upon to assist **COUNTY** during a natural disaster or emergency.

ARTICLE XIII ALL TERMS AND CONDITIONS INCLUDED

This contract and its attachments, and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either

verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and effect and such terms or provisions shall be stricken.

ARTICLE XIV GOVERNING LAW

This contract shall be construed according to the laws of the State of Florida. Venue for any State administrative and/or legal action arising under this contract shall be in St. Johns County, Florida. Venue for any federal legal action arising under this contract shall be in the United States District Court, Middle District of Florida.

ARTICLE XV SEVERABILITY

If any word, phrase, sentence, part, section, subsection, or other portion of this contract, or any application thereof, to any person or circumstance is declared void, unconstitutional, or invalid for any reason, then such word, phrase, sentence, part, section, subsection, other portion, or the proscribed application thereof, shall be severable, and the remaining portions of this contract, and all applications thereof, not having been declared void, shall remain in full force, and effect.

IN WITNESS THEREOF, PROVIDER and COUNTY have caused this ____ page contract and all Contract Exhibits and Attachments as indicated on next pages to be executed by their undersigned officials as duly authorized.

**PROVIDER:
FLAGLER HOSPITAL**

By: *[Signature]*
Joseph S. Gordy
Chief Financial Officer

9/17/06
Date

COUNTY: ST. JOHNS COUNTY

By: *[Signature]*
James E. Bryant
Chair, Board of County Commissioners

9-19-06
Date

ATTEST: CLERK OF CIRCUIT COURT

By: *[Signature]*
Title: Deputy Clerk

Date: 9-19-06

**APPROVED AS TO FORM:
COUNTY ATTORNEY'S OFFICE**

[Signature]

Date: 9/20/06

ATTACHMENT I

A. SERVICES TO BE PROVIDED

1. Definition of Terms

- a. "Provider" is identified as Flagler Hospital and its Primary Care Clinics.
- b. Primary Care Services. Basic diagnostics procedures and drug or other therapeutic modalities ordered or provided by the primary care practitioner in the course of treating the patient. This also included ambulatory care, preventative health services and continuing management of the health care needs of registered clients.
- c. Primary Care Client. A person who has been determined to be eligible for primary care services and receives any client service funded by this contract.
- d. Primary Care Encounter. A primary care service visit per eligible enrolled client. Such services as drawing blood, collecting urine specimens, performing laboratory tests, taking x-rays or filling/dispensing prescriptions are ancillary to an encounter and, in and of themselves, do not constitute an encounter.

2. General Description

a. General Statement

(1) Primary Care Services will be provided which include basic diagnostic procedures and drug and other therapeutic modalities ordered or provided by the primary care practitioner in the course of treating the patient, along with ambulatory care, preventive health services and continuing management of the health care of registered clients.

(2) Applicable federal, state, and local laws, regulations, administrative rules, policies and procedures will be adhered to.

b. Authority

All services shall be provided in accordance with Chapter 64F-10, Florida Administrative Code, Primary Care Projects. Legal authority for contract and services is as follows: Sections 381.001, 381.0011, 154.01, and 154.011, Florida Statutes.

c. Scope of Service

The Primary Care Clinics subject to this contract and located at Flagler Hospital and the Hastings office will offer comprehensive adult primary care and referral services. There shall be no disparity among the services provided at each clinic. During this time, services will specifically not include HIV-related screening or care, OB, pediatrics, IV Chemo, Well-baby, Family Planning, or emergency care services.

d. Major Program Goals

The goal of the Primary Care Initiative is to improve the health and well-being on income-eligible clients in the community through the delivery of primary health care services.

3. Clients Served.

a. General Description.

All patients applying at the clinics for medical care shall be served by the provider up to the safe and reasonable limit of capacity of the clinic and the provider's staff assigned in accordance with the contract, provided that indigent patients shall be given priority insofar as such priority will not endanger another patient. "Indigent Patients" are those that meet the requirements of Medicaid Eligibility as of January 25, 2006, which are 200% of the Federal Poverty Guidelines (Exhibit I), attached hereto and incorporated herein by reference. Clients shall be categorized for fees as listed on the Exhibit 1, with Category A clients paying no fees for clinic services and ancillary services, Category B clients receiving an 83% discount of the clinic fees and ancillary services, Category C clients receiving a 67% discount of the clinic fees and ancillary services, Category D clients receiving a 50% discount of the clinic fees and ancillary services, and Category E clients receiving a 33% discount of the clinic fees and ancillary services. Those clients having income higher than that listed as Category E, shall be considered as Category F, who shall receive no discount on clinic or ancillary services and shall be considered a self-pay client. All other patients at the clinics, including patients with insurance coverage, may be charged reasonable fees, payable to the provider, as may be regulated by local, state, and federal law.

b. Client Determination.

St. Johns County Social Services staff shall issue Identification Cards for Clients of the Primary Care Clinics. Eligibility, as defined in section A.3.a., once determined for a six month period, shall be re-determined every six months.

B. MANNER OF SERVICE PROVISION

1. Service Tasks

Primary care provider will offer the following services:

- a. Ambulatory care services consistent with acceptable medical practice and the standards of the professional associations;
- b. Preventative health services and continuing management of the health care needs of registered clients, including referral, when needed for secondary or tertiary care;
- c. Primary care screening services, including pap smears as well as the laboratory and pathologist fees incurring with such;
- d. Twenty-four hour telephone access shall be provided for all clients for the handling of after-hours inquiries, medical emergencies, and referral services. Access includes:
 - (1) speaking directly to a health care professional who can make a judgment as to whether a referral to the emergency room should be made;
 - (2) speaking to an answering service that will contact a health professional. The on-call health provider shall be a physician, physician assistant or an advanced registered nurse practitioner.
- e. The provider shall deliver all of the primary care services, or it shall arrange for the delivery of some or all of such services through one or more subcontractors. In addition to the primary care services which the provider shall offer to registered clients, the provider is responsible in assisting other medical and related services which are necessary for the client. Subcontracting for the provision of primary care services is restricted as listed in Section 2.(d).

2. Staffing Requirements

a. Staffing Levels

The provider will maintain sufficient staff to deliver the agreed upon services.

b. Professional Qualifications

All physicians, nurse practitioners, physician assistants, nurses and other licensed health professionals that provide any service to

primary care clients referenced above must have a current license to practice in the State of Florida, and proof of said license. Commissioned Public Health Services Corps Officers are exempt from having a Florida license.

The health care professionals must practice in accordance to the constraints of their individual practice acts and protocols. The physician and other health care professionals assisting with providing care must have demonstrated knowledge and skills in the area of the procedure they will be assisting with or performing.

Professional personnel records should document training as appropriate to their individual practice. Each personnel record will also outline the current job description with minimum qualifications for the position.

c. Staffing Changes

The Contract Manager must be notified in writing of termination of employment of the President/CEO of Flagler Hospital or equivalent position within 10 days of termination. This notification will describe the interim arrangements, if any, to fill the position. The name of the person assuming the position will be provided to the Contract Manager in writing within 10 days of hiring.

Other staffing changes may be made as long as the staff members continue to meet the staffing levels in 2.a. above and the professional qualifications in 2.b.above.

d. Subcontractors

The provider shall deliver all of the primary care services itself, or it shall arrange for the delivery of some or all of such services through one or more subcontractors. All subcontractors are subject to the same conditions of this attachment. Subcontractors must be approved by the department prior to the assignments of contract for primary care services and will not include administrative or indirect costs as separate line items.

(1) Restrictions on assignments of contracts/subcontracting for provision of Primary Care Services.

(a) Approval of the entity by the department shall be obtained before any assignment may take place or such action without prior approval will be deemed fatal and this contract can be terminated without any recourse by the Provider.

(b) Approval of the assignment to a subcontractor by the department can be withheld for any of the following:

1. The subcontractor is not a legal entity in the state of Florida;
2. The subcontractor does not appear to have financial stability to provide the services;
3. Character suspect of any shareholder, official, employee of the subcontractor.

3. Services Hours, Location and Equipment

a. Hours of Service

The particular days of each week and hours of each day that required services are provided in the clinic shall be determined by the provider, using sound judgment of medical needs of the services, so long as the total hours of physician and physician assistant availability to patients in the clinic are at a minimum of fifty (50) hours each week at the Flagler Hospital location and a minimum of forty (40) hours each week at the Hastings Clinic.

b. Service Delivery Locations:

- | | |
|--|---|
| (1) Flagler Hospital
400 Health Park Blvd.
St. Augustine, FL 32086 | (2) Hastings Clinic
201 W. Lattin Street
Hastings, FL 32145 |
|--|---|

Facilities in which services are provided will be maintained so that, at all times, the facilities are in conformance to the standards required by local fire and health authorities or federal requirements, whichever are more stringent.

c. Hastings Clinic – County Owned Building

Use of the building at 201 W. Lattin Street, Hastings, Florida, is provided to the Flagler Hospital and its clinics by agreement and contract with St. Johns County. As a result, should Flagler Primary Care and/or any/all of its subcontractors provide medical care to residents of St. Johns County in the Hastings building, then Flagler Primary Care and/or its subcontractors must obtain permission from St. Johns County for use of the building at 201 W. Lattin Street, Hastings, as evidenced through a lease, agreement, and/or memorandum of understanding, which shall specifically delineate the terms of use (primary care patients residing in St. Johns County), parties responsible for building maintenance (interior and exterior), cleaning costs (interior and exterior), building upkeep costs, utilities (water, phone, sewer), insurances, and waste removal. Failure for Flagler Primary Care and its subcontractors to

comply with the terms of this paragraph shall deem the building in Hastings not available for their use.

d. Equipment

The provider must use the appropriate type and quality equipment recommended by current medical standards for performance of primary care.

4. Deliverables

a. Reports

(1) Service Reporting

Provider must submit reports of client services provided monthly under this contract. Monthly reports (Attachment III) will be submitted with the monthly invoice (Attachment II), and will include the following information:

- (a) Patients served by category
- (b) Patients served daily
- (c) Standard charges for patient services and activities
- (d) Estimated actual expenses for patient services and activities
- (e) Amount received from third party reimbursements

Demographics Report (Attachment IV) will be completed for periods of three months, beginning October 1, 2006 to December 31, 2006. This report will be submitted with the December 2006 Invoice and Report.

(2) Client Satisfaction Surveys

All clients shall receive quality medical care and be treated with dignity and respect. The provider will provide a client satisfaction survey (Attachment V) to a random sample of a minimum of 20 primary care clients seen during each monthly period of the contract. Completed forms will be forwarded to the department's Contract Manager within 20 days after the end of the contract.

(3) Quality Assurance Review

The Provider shall maintain an on-going, organized program to enhance the quality of client care to identify problems and to

provide a method to correct problems as referenced on Chapter 64F-10.009, Florida Administrative Code. The quality assurance review shall be conducted at least quarterly and will include a minimum of 20 records. Copies of each quality assurance report shall be forwarded to the Contract Manager and placed in the contract file. The findings of the quality assurance report shall be discussed between the Provider and the County Health and Human Services Department and steps will taken be taken to resolve any identified problem areas.

5. Performance Standards

a. Standards Definitions

The Provider shall provide comprehensive adult primary care and referral services at a minimum of 50 hours per week at the Flagler Hospital clinic and a minimum of 40 hours per week at the Hastings clinic.

The Provider shall achieve a satisfactory or better rating on 85% of the client satisfaction surveys (Attachment V).

b. Outcomes and Outputs

The benefits that will result from this contract are that the client will have ambulatory care, preventative health services, and continuing management of their health needs. As a result, there will be an improved health status and better quality of life for those registered clients and the community.

c. Monitoring and Evaluation Methodology

By execution of this contract the provider hereby acknowledges and agrees that its performance under this contract must meet the standards set forth above and will be bound by the conditions set forth below. If the provider fails to meet these standards, the department, at its exclusive option, may allow up to six months for the provider to achieve compliance with the standards. If the department affords the provider the opportunity to achieve specified compliance and the Provider fails to achieve compliance within the specified time frame, the department will terminate the contract in the absence of any extenuating or mitigating circumstances. The determination of the extenuating or mitigating circumstances is the exclusive determination of the department.

The Provider will be monitored a minimum of once per the contract period. Monitoring will be accomplished through a review of the case files, quality assurance reviews and client satisfaction surveys

(Attachment V), to verify that the information in reports is accurate and that the terms of the contract are being met. Financial reports, equipment and the facility will be monitored for compliance with the contract.

If a corrective action plan is indicated, the Provider will submit to the department, in writing, plans to correct the deficiencies within 30 days of receiving the department's written monitoring report. The County Health and Human Services Department will provide technical assistance as requested by the Provider in writing or identified in the corrective action plan.

6. Provider Responsibilities

a. Provider Unique Activities

The Provider will maintain sufficient staff, facilities and equipment to deliver the agreed upon services, and agrees to notify the department whenever the Provider is unable, or is going to be unable to provide the required quality or quantity of service.

b. Coordination with other Providers/Entities

The Provider shall coordinate services with other providers and entities for the benefit of the client and within the terms of this contract with the written consent of the client. This shall include the coordinating of the client's first visit for specialty care and payment of such first visit. Written consent forms shall be valid for a period of one year, unless revoked by the client. The failure of other providers to render services to the eligible client does not alleviate the contract provider from the obligation to provide tasks or services as outlined in this contract.

7. Department Responsibilities

a. Department Obligations

The Department has the sole responsibility to determine that the contract terms are being fulfilled according to the contract specifications.

b. Department Determinations

The Department shall have the final authority as to the distribution of funds available for this contract.

C. METHOD OF PAYMENT

1. Payment

This is a fixed price (unit cost) contract. The department shall pay the provider for the delivery of service units provided in accordance with the terms of this contract for a total dollar amount not to exceed \$369,105.51 (Three Hundred and Sixty-Nine Thousand, One Hundred Five Dollars and Fifty-One Cents), subject to the availability of funds. The Department agrees to pay for service units at the unit price and limits listed below:

<u>Services/Units</u>	<u>Unit Price Per Month</u>	<u>Maximum Of Units Annually</u>
Once month of comprehensive primary health care services at the Flagler Hospital location, to include a monthly average of 291 Blended Visits (Categories A & B), Ancillary services, contracted physician specialist services and making referrals.	\$109,166.67	3
Once month of comprehensive primary health care services at the Hastings location, to include a monthly average of 37 Blended Visits (Categories A & B), Ancillary services, contracted physician specialist services and making referrals.	\$13,868.50	3

2. Invoice Requirements

- a. The Provider shall request payment on a monthly basis through submission of a properly completed invoice (Attachment II).
- b. Invoices for payments shall be submitted to the Contract Manager by the 20th of the month following the month for which payment is requested. No payment will be made for any month unless the department has received the required reports specified above for the month (Attachment III (a) and III (b)).

- c. Payments may be authorized only for service units on the invoice which are in accordance with the above list and other terms and conditions of this contract. The service units for which payment is requested may not by themselves, or cumulatively by totaling service units authorized by this contract.
- d. All invoices and documentation shall be submitted to the contract manager at the address listed in paragraph III.D.3. of the standard contract.

D. SPECIAL PROVISIONS

1. Patients served under this contract may not be discharged of disenrolled for failure to make payments to Provider.
2. Should the Provider receive any federal awards to be used in the funding of the primary care clinics, Provider shall comply with terms listed on Attachment II as to audits and monitoring.

**ATTACHMENT II
PAYMENT REQUEST
UNIT COST CONTRACT**

Mail to: Attn: Ann Henry, Contracts Coordinator
Health & Human Services Department
1955 US 1 South, Suite D9
St. Augustine, FL 32086

Contract No. _____
Funding Source _____
Fiscal Year _____
Reporting period: _____

Agency: Flagler Hospital
Mailing Address: 400 Health Park Blvd.
St. Augustine, FL 32086

Please call Social Services with any questions:
Tel: (904) 209-6140 Fax: (904) 209-6141
E-Mail: ahenry@co.st-johns.fl.us

Check appropriate line:
Regular Payment (due 20th of month following)
Final Payment (due January 10, 2007)
E-MAIL: Lynnda.Kitcher@flaglerhospital.org
FAX: _____
Phone: _____
904

a. NAME OF EACH PROGRAM RECEIVING FUNDING FROM ST. JOHNS COUNTY	b. TOTAL NUMBER SERVICE UNITS PROJECTED FOR PROGRAM	c. TOTAL NUMBER SERVICE UNITS TO BE FUNDED BY ST. JOHNS COUNTY	d. UNIT COST FUNDED BY ST. JOHNS COUNTY	ANNUAL BUDGET		CURRENT MONTH		YEAR-TO-DATE				
				e. TOTAL FY2008 BUDGET AMOUNT	f. # TOTAL UNITS PROVIDED IN PROGRAM CURRENT MONTH	g. # UNITS BILLED TO ST. JOHNS COUNTY CURRENT MONTH	h. AMOUNT BILLED TO ST. JOHNS COUNTY CURRENT MONTH (col. D X Col.G)	i. # UNITS BILLED TO ST. JOHNS COUNTY YEAR TO DATE	j. TOTAL UNITS PROVIDED IN PROGRAM YEAR TO DATE	k. AMOUNT BILLED TO ST. JOHNS COUNTY YEAR TO DATE	l. NUMBER OF ST. JOHNS COUNTY FUNDED UNITS REMAINING (col.C-Col.G)	m. FUNDS REMAINING (col.E-Col.K)
Adult Primary Care Services - Flagler Location	3 (months)	3 (months)	\$109,166.67	\$327,500.01			\$0.00				3.00	\$327,500.01
Adult Primary Care Services-Hashtings Location	3 (months)	3 (months)	\$13,866.50	\$41,605.50			\$0.00				0.00	\$41,605.50
							\$0.00				0.00	\$0.00
							\$0.00				0.00	\$0.00
TOTAL				\$369,105.51		0.00	\$0.00				6.00	\$369,105.51

I certify that all services on this report have been performed in compliance with applicable statues and regulations, and in accordance with the approved County contract.

Signature of authorized representative _____

DATE _____

TOTAL REQUEST \$0.00

FOR ST. JOHNS COUNTY USE ONLY	
CERTIFIED BY: _____	DATE: _____
AUTHORIZED BY: _____	DATE: _____

Attachment III (a)
 Flagler Primary Care Clinic Information Detail

	Oct-06	Nov-06	Dec-06	
Number of New Patients Enrolled				
Total Number of Patients Seen				
Total Number of Physician Hours				
Number of Patients Seen in Category A (0%)				
Number of Patients Seen in Category B (17%)				
Number of Patients Seen in Category C (33%)				
Number of Patients Seen in Category D (50%)				
Number of Patients Seen in Category E (67%)				
Number of Patients Seen in Category F (83%)				
Number of Patients Seen in Category G (100%)				
Total Number of Patients Seen in Categories C through G				
Total Number of Patients in Undetermined Category				
Number of Patients with Other Insurance (Excluding Medicare and Medicaid)				
Number of Patients with Medicare				
Number of Patients with Medicaid				
Number of Uninsured Patients				

Attachment III (b)
Hastings Primary Care Clinic Information Detail

	Oct-06	Nov-06	Dec-06		
Number of New Patients Enrolled					
Total Number of Patients Seen					
Total Number of Physician Hours					
Number of Patients Seen in Category A (0%)					
Number of Patients Seen in Category B (17%)					
Number of Patients Seen in Category C (33%)					
Number of Patients Seen in Category D (50%)					
Number of Patients Seen in Category E (67%)					
Number of Patients Seen in Category F (83%)					
Number of Patients Seen in Category G (100%)					
Total Number of Patients Seen in Categories C through G					
Total Number of Patients in Undetermined Category					
Number of Patients with Other Insurance (Excluding Medicare and Medicaid)					
Number of Patients with Medicare					
Number of Patients with Medicaid					
Number of Uninsured Patients					

Attachment IV
DEMOGRAPHICS REPORT (Demographics of Clients Served in Program)

DEMOGRAPHICS OF CLIENTS SERVED IN PROGRAM

*Program Name: Flagler Primary Care Clinics -
 Hastines Location*

UNDUPLICATED CLIENT CHARACTERISTICS

Reporting Period : ☐ October 1, 200__ through March 31, 200__ ☐ April 1, 200__ through September 30, 200__		# of Clients served in Program	
AGE GROUP			
	5 and under		
	6 - 12 years		
	13 - 17 years		
	18 - 59 years		
	60 -64 years		
	65 & over		
	Not collected		
	Total		
GENDER		Children (0-17)	Adults (18 & up)
	Male		
	Female		
	Not collected		
	Total		
RACE			
	American Indian or Alaska Native		
	Asian		
	Black or African American		
	Native Hawaiian or Pacific Islander		
	White		
	Unknown		
	Not collected		
	Total		
ETHNICITY			
	Hispanic or Latino		
	Haitian		
	Other		
	Unknown		
	Not collected		
	Total		
LEGAL RESIDENCE AT REFERRAL			
	32033		
	32145		
	32080		
	32082		
	32084		
	32085		
	32086		
	32092		
	32095		
	32259		
	Out of County		
	Not Collected		
	Total		
INCOME LEVEL			
	\$0-\$19,152.00 Annually		
	\$19,153.00-\$23,490 Annually		
	\$23,491.00-\$28,728.00 Annually		
	\$28,729.00-\$33,516.00 Annually		
	\$33,517.00-\$38,304.00 Annually		
	\$38,305.00-\$43,092.00 Annually		
	Over \$43,093.00 Annually		
	Not collected		
	Total		

Attachment IV
DEMOGRAPHICS REPORT (Demographics of Clients Served in Program)

DEMOGRAPHICS OF CLIENTS SERVED IN PROGRAM

*Program Name: Flagler Primary Care Clinics -
Hastines Location*

UNDUPLICATED CLIENT CHARACTERISTICS

Reporting Period : <input type="checkbox"/> October 1, 200__ through March 31, 200__ <input type="checkbox"/> April 1, 200__ through September 30, 200__		# of Clients served in Program	
AGE GROUP			
	5 and under		
	6 - 12 years		
	13 - 17 years		
	18 - 59 years		
	60 -64 years		
	65 & over		
	Not collected		
	Total		
GENDER		Children (0-17)	Adults (18 & up)
	Male		
	Female		
	Not collected		
	Total		
RACE			
	American Indian or Alaska Native		
	Asian		
	Black or African American		
	Native Hawaiian or Pacific Islander		
	White		
	Unknown		
	Not collected		
	Total		
ETHNICITY			
	Hispanic or Latino		
	Haitian		
	Other		
	Unknown		
	Not collected		
	Total		
LEGAL RESIDENCE AT REFERRAL			
	32033		
	32145		
	32080		
	32082		
	32084		
	32085		
	32086		
	32092		
	32095		
	32259		
	Out of County		
	Not Collected		
	Total		
INCOME LEVEL			
	\$0-\$19,152.00 Annually		
	\$19,153.00-\$23,490 Annually		
	\$23,491.00-\$28,728.00 Annually		
	\$28,729.00-\$33,516.00 Annually		
	\$33,517.00-\$38,304.00 Annually		
	\$38,305.00-\$43,092.00 Annually		
	Over \$43,093.00 Annually		
	Not collected		
	Total		

ATTACHMENT V

Primary Care Clinic General Patient Information

In general, what is the quality of your health?

- Outstanding
- Good
- Some chronic issues
- Poor

How often have you visited the Primary Care Center within the past year?

- First Visit
- 2-5 Visits
- More than 8

Scheduling your appointment

Did you schedule an appointment by phone or did you drop in ?

- Scheduled by phone
- Dropped in

If you scheduled an appointment, did you have to wait longer than expected to get scheduled?

- Yes
- No
- N/A

How easy was it to make an appointment by phone?

- Very Easy
- Somewhat Easy
- Average
- Somewhat Difficult
- Very Difficult
- N/A

Was the person who scheduled your appointment courteous and helpful?

- Very courteous
- Somewhat courteous
- Average
- Somewhat rude
- Rude
- N/A

If you were seeking a referral to a specialist, was your request handled in a timely manner?

- Yes
- No
- N/A

Day of your appointment

How long did you wait in the exam room before the physician appeared

- 0 to 5 minutes
- 5 to 20 minutes
- 20 to 40 minutes

Other:

The Nursing Staff

How would you rate the competence of the nurse who helped you?

- Outstanding
- Good
- Adequate
- Needs Improvement
- Poor
- N/A

How would you characterize the concern that the nurse showed for your problem?

- Outstanding
- Good
- Adequate
- Needs Improvement
- Poor
- N/A

Did the Nurse Respond to your requests within a reasonable time?

- Yes
- No

The Doctor

Were you able to see the doctor of your choice?

- Yes
- No
- N/A

Did you feel that your doctor spent an adequate amount of time with you?

- Yes
- No
- N/A

Mark the boxes that characterize the demeanor of your doctor :

- Attentive
- Concerned
- Friendly
- Distracted
- Rushed
- Inconsiderate

How would you rate the competence of your doctor?

- Outstanding
- Good
- Adequate
- Needs Improvement
- Poor
- N/A

Please list any areas in which our service could be improved.

take appointments over walk-ins

Doing good as it is

Very good experience, 1st time in clinic

Nothin, very nice clinic to come too

Service is outstanding

not told to bring ss card, proof of residence, etc.

should offer rx package to help pay for meds that fall between low income and Medicaid

the service I got today was the best I ever had

Please share additional comments.

wait was much shorter this time than last visit

the doctors and nurses are good and hope they will help me get better

facility is very clean and comfortable, Sheila was very friendly & helpful

Would you like someone to contact you regarding your responses on this survey

Yes

No

Monthly Income Thresholds - 200 % of Federal Poverty Level						
Family Size	Cat. A 200%	Cat. B 225%	Cat. C 250%	Cat. D 275%	Cat. E 300%	
1	1634	2043	2451	2859	3268	
2	2200	2750	3300	3850	4400	
3	2766	3457	4149	4840	5532	
4	3344	4180	5016	5852	6688	
5	3900	4875	5850	6825	7800	
6	4466	5582	6699	7815	8932	
7	5034	6292	7551	8809	10068	
8	5600	7000	8400	9800	11200	
Add Amount for each family member	566	707	849	990	1132	
** % of fee discounted	100%	83%	67%	50%	33%	

- Category A clients (200% of Federal Poverty Level) are considered indigent and all fees for Primary Care Services and Ancillary Services are waived.
- Chart based on the Access to Health Care Act, Chapter 766.1115, Florida Statutes, as amended and enacted on January 25, 2006.