

ATTACHMENT A

STATEMENT OF WORK

- A. The Contractor will:
1. Review all client information provided by the Department and at a minimum analyze it for possible drug interactions, therapeutic duplications, multiple provider utilization, and possible cost saving alternatives.
 2. Contact the client, schedule a consultation date and time with the client and request that the client bring all prescription medications, over-the-counter medications and supplements to the consultation.
 3. Within four weeks of receiving client information, conduct a one to two hour face-to-face consultation with the client. If the client cannot meet in person, the pharmacist may conduct the consultation by telephone.
 4. The consultation shall include a comprehensive interview of current health practices and an in-depth review of all medications, which include prescription, over-the-counter, and nutritional supplements.
 5. Using the form supplied by the Department, draft recommendations for the client's health care providers regarding the patient's current use of medications and a summary of the results of the consultation.
 6. Provide the Department with a copy of the recommendations and, when possible, an estimate of monthly medication cost savings.
 7. Obtain and maintain at all times during the term of this agreement, insurance in the following kinds and amounts:
 - a. Commercial General Liability Insurance written on ISO occurrence form CG 00 01 10/93 or equivalent, covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:
 - 1) \$1,000,000 each occurrence;
 - 2) \$1,000,000 general aggregate;
 - 3) \$1,000,000 products and completed operations aggregate;
and
 - 4) \$50,000 any one fire.

- b. A minimum of \$1,000,000 Professional Liability/Errors and Omissions Insurance on a claims made basis.

B. The Department will:

1. Provide the Contractor with the names, addresses and telephone number of clients to be contacted. If requested by the Contractor, assist in contacting clients and finding suitable meeting locations.
2. Send pre-consultation letters to the clients explaining the program, informing them which Contractor has been assigned to them and letting them know the Contractor will be contacting them.
3. Send copies of the Contractor's recommendations to the client and the client's providers.
4. Pay the Contractor \$75.00 for each client with whom the Contractor met face-to-face and \$50.00 for each client with whom the Contractor counseled via telephone, upon receipt of the letter summarizing the results of the consultation.
5. Payment pursuant to this Purchase Order shall be made as earned, in whole, or in part, from available state funds in an amount not to exceed the amount of funds available for the purchase of prescription review services. The funds that are available may be used to pay multiple contractors for the reviews that are described in this purchase order. The liability of the state, at any time, for such payments shall be limited to the unexpended amount remaining of such funds.
6. The funds available for all contractors for State Fiscal Year 09-10 (ending June 2010) is \$16,950.00.