



## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Sheriff's Office

**BID/RFP# NUMBER:** 17RFP07012016B-BR

**BID/RFP# TITLE:** Inmate Medical Services

**ORIGINAL APPROVAL:** November 15, 2017

**RENEWAL EFFECTIVE DATES:** January 1, 2023 through December 31, 2023

**RENEWAL OPTION #:** 5 OF 9

**NUMBER OF RENEWAL OPTIONS:** 9

**RENEWAL AMOUNT:** \$27,146,113.64

**COMPANY'S NAME:** NaphCare, Inc.

**ADDRESS:** 2090 Columbiana Road, Suite 4000

**CITY:** Birmingham

**STATE:** Alabama

**ZIP:** 35126

**This Renewal Agreement No. 5 was approved by the Fulton County Board of Commissioners on BOC DATE:** 9/21/2022      **BOC NUMBER:** #22-0675

**SIGNATURES: SEE NEXT PAGE**

**SIGNATURES:**

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

**FULTON COUNTY, GEORGIA**

DocuSigned by:

*Robert L. Pitts*

14E1B4AA5F6A44A...

**Robert L. Pitts, Chairman**  
**Fulton County Board of Commissioners**

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

EE6476C4837648D...

**Tonya R. Grier**  
**Clerk to the Commission**

(Affix County Seal)

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Patrick "Pat" Labat*

4FF496AB508B408...

**Patrick "Pat" Labat, Sheriff**  
**Fulton County Sheriff's Office**

**NAPHCARE, INC.**

DocuSigned by:

*James S. McLane*

A65E4585B90A4B1...

**James S. McLane**  
**Chairman of the Board**

**ATTEST:**

DocuSigned by:

*Bradley J. Cain*

02B4E65AC567470...

**Secretary/**  
**Assistant Secretary**

(Affix Corporate Seal)

DocuSigned by:

**ATTEST:**

\_\_\_\_\_  
**Notary Public**

County: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Seal)

**ITEM#:** 2022-0675 **RCS:** 9/21/2022  
**RECESS MEETING**

**ITEM#:** \_\_\_\_\_ **RM:** \_\_\_\_\_  
**REGULAR MEETING**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> VIG, LLC., dba/The Vestavia Group 2090 Columbiana Road, Suite 2300  Birmingham AL 35216	<b>CONTACT NAME:</b> Susan Crain <b>PHONE (A/C, No. Ext):</b> 205-552-0244 <b>FAX (A/C, No):</b> 205-244-8072 <b>E-MAIL ADDRESS:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Ironshore Insurance Company "A" XV</td> <td>14375</td> </tr> <tr> <td>INSURER B:</td> <td>Great American Insurance Company "A+" XIV</td> <td>16691</td> </tr> <tr> <td>INSURER C:</td> <td>The Travelers insurance Company "A++" XV</td> <td>19046</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ironshore Insurance Company "A" XV	14375	INSURER B:	Great American Insurance Company "A+" XIV	16691	INSURER C:	The Travelers insurance Company "A++" XV	19046	INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						
<b>INSURED</b>  NaphCare, Inc. 2090 Columbiana Road, Suite 4000  Birmingham AL 35216																						

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Retro Date: 12/31/2018  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	HC7BAB5A62002	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 8,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y	Y	CAP 1116396	09/30/2021	09/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	HC7BAB5A67001	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB-1P248768-21-51-K UB-1P250924-21-51-R	09/30/2021	09/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Claims Made Retro Date: 07/01/03	Y	Y	HC7BAB5A67002	12/31/2021	12/31/2022	Each Med Incident 2,000,000 Ann. Aggregate 8,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

It is understood and agreed Fulton County Government shall be named as Additional Insured, as respects their contract with NaphCare, Inc. A Waiver of Subrogation shall be provided for Fulton County; insurance policies shall be primary and non-contributory. Any material modifications made to the above policies shall result in a thirty (30) day written notice provided to Fulton County, as respects their contract with NaphCare, Inc.

## CERTIFICATE HOLDER

## CANCELLATION

Fulton County Government Purchasing and Contracting Compliance Department  
130 Peachtree Street S. W., Suite 1168  
Atlanta, GA 30303-3459

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan W. Crain*

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# Fulton County

## Legislation Details (With Text)

**File #:** 22-0675 **Version:** 1 **Name:**

**Type:** CM Action Item - Justice and Safety **Status:** Agenda Ready

**File created:** 8/12/2022 **In control:** Board of Commissioners

**On agenda:** 9/21/2022 **Final action:**

**Title:** Request approval to renew an existing contract - Sheriff's Office, 17RFP07012016B-BR, Inmate Medical Services with NaphCare, Inc. (Birmingham, AL) in the amount of \$27,146,113.64 to provide physical and mental health services to inmates at the Fulton County Jail and other locations. This action exercises the fifth of nine renewal options. Four renewal options remain. Effective dates: January 1, 2023, through December 31, 2023.

### Sponsors:

### Indexes:

### Code sections:

**Attachments:** 1. Inmate Medical Contract Renewal Form 2023, 2. INMATE MEDICAL Contract Renewal Evaluation Form 2023, 3. NaphCare Performance Evaluation May August 2022 Final

Date	Ver.	Action By	Action	Result
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## Department

Sheriff

### Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval to renew an existing contract - Sheriff's Office, 17RFP07012016B-BR, Inmate Medical Services with NaphCare, Inc. (Birmingham, AL) in the amount of \$27,146,113.64 to provide physical and mental health services to inmates at the Fulton County Jail and other locations. This action exercises the fifth of nine renewal options. Four renewal options remain. Effective dates: January 1, 2023, through December 31, 2023.

### Requirement for Board Action *(Cite specific Board policy, statute or code requirement)*

In accordance with Purchasing Code Section 102-394(6), the Purchasing Department shall present all renewal requests to the Board of Commissioners at least 90 days prior to contract renewal date or 60 days if the contract term is six (6) months or less.

### Strategic Priority Area related to this item *(If yes, note strategic priority area below)*

Justice and Safety

### Commission Districts Affected

All Districts ☒

District 1 ☐

District 2 ☐

District 3 ☐

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**File #:** 22-0675, **Version:** 1
 

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District 4 ☐

District 5 ☐

District 6 ☐

### Is this a purchasing item?

Yes

**Summary & Background** *(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

**Scope of Work:** This contract provides comprehensive correctional physical and mental health services to inmates at the Fulton County Jail, Marietta Annex South Fulton Municipal Regional Jail, and any other jail facility as determined by the Fulton County Sheriff's Office.

**Community Impact:** There is no community impact.

**Department Recommendation:** The Sheriff's Office recommends approval.

**Project Implications:** There are no project implication.

**Community Issues/Concerns:** None to the knowledge of the Sheriff's Office.

**Department Issues/Concerns:** None

### Contract Modification

Current Contract History	BOC Item	Date	Dollar Amount
Original Award Amount	17-0934	11/15/2017	\$20,730,349.08
1st Renewal/Amendment No. 1	18-1006	12/19/2018	\$21,559,563.04
Amendment No. 2	19-0610	8/7/2019	\$440,157.73
2 <sup>nd</sup> Renewal	19-0839	10/16/2019	\$24,181,655.29
3 <sup>rd</sup> Renewal	20-0743	10/21/2020	\$25,131,315.19
4 <sup>th</sup> Renewal	21-0955	12/1/2021	\$26,118,961.49
5 <sup>th</sup> Renewal			\$27,146,113.64
Total Revised Amount			\$145,308,115.46

### Contract & Compliance Information

*(Provide Contractor and Subcontractor details.)*

**Contract Value:** **\$27,146,113.64**

**Prime Vendor:** NaphCare  
**Prime Status:** Non-Minority  
**Location:** Birmingham, AL  
**County:** Jefferson County  
**Prime Value:** \$26,225,860.39 or 96.61%

**Subcontractor:** CharDonnay Dialysis, Inc.  
**Subcontractor Status:** White Female Business Enterprise Non-Certified  
**Location:** Danville, IL

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**County:** Vermillion County  
**Contract Value:** \$135,730.57 or .50%

**Subcontractor:** **Bio-Reference Laboratories, Inc.**  
**Subcontractor Status:** **Non-Minority**  
**Location:** Elmwood Park, NJ  
**County:** Passaic County  
**Contract Value:** \$423,479.37 or 1.56%

**Subcontractor:** **Global Diagnostic**  
**Subcontractor Status:** **African American Male Business Enterprise Certified**  
**Location:** Conyers, GA  
**County:** Rockdale County  
**Contract Value:** \$352,899.48 or 1.30%

**Subcontractor:** **Institutional Eye Care**  
**Subcontractor Status:** **Non-Minority**  
**Location:** Lewisburg, PA  
**County:** Union County  
**Contract Value:** \$8,143.83 or 0.03%

**Total Contract Value:** **\$27,146,113.64 or 100.00%**  
**Total M/FBE Values:** **\$488,630.05 or 1.80%**

**Exhibits Attached** *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

Exhibit 1: Contract Renewal Form Agreement

Exhibit 2: Contract Renewal Evaluation

Exhibit 3; Contractor Performance Report

**Contact Information** *(Type Name, Title, Agency and Phone)*

Rodney Stinson, Fiscal Administrator, Sheriff's Office, 404-612-6011

**Contract Attached**

No

**Previous Contracts**

Yes

**Total Contract Value**

Original Approved Amount: \$20,730,349.08  
Previous Adjustments: \$97,431,652.74  
This Request: \$27,146,113.64

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**File #:** 22-0675, **Version:** 1

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**TOTAL:** \$145,308,115.46**Grant Information Summary****Amount Requested:** [Click here to enter text.](#)**Match Required:** [Click here to enter text.](#)**Start Date:** [Click here to enter text.](#)**End Date:** [Click here to enter text.](#)**Match Account \$:** [Click here to enter text.](#)

- ☐ Cash  
☐ In-Kind  
☐ Approval to Award  
☐ Apply & Accept

**Fiscal Impact / Funding Source****Funding Line 1:**

100-333-3302-1158: General, Sheriff's Office, Medical Services - \$27,146,113.64

**Funding Line 2:**[Click here to enter text.](#)**Funding Line 3:**[Click here to enter text.](#)**Funding Line 4:**[Click here to enter text.](#)**Funding Line 5:**[Click here to enter text.](#)

Key Contract Terms	
<b>Start Date:</b> 1/1/2023	<b>End Date:</b> 12/31/2023
<b>Cost Adjustment:</b> <a href="#">Click here to enter text.</a>	<b>Renewal/Extension Terms:</b> 4 one-year renewal options

**Overall Contractor Performance Rating:****Would you select/recommend this vendor again?**

Yes

**Report Period Start:**  
5/1/2022**Report Period End:**  
8/23/2022