

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

15-889 A-3

SAP Number

4400002450

Department of Behavioral Health

Department Contract Representative	Tammi Phillips
Telephone Number	909-388-0860
Contractor	Ramsell Corporation
Contractor Representative	Chris Hanson
Telephone Number	510-587-2600
Contract Term	01/01/2016 – 06/30/2021
Original Contract Amount	\$3,027,933
Amendment Amount	\$302,793
Total Contract Amount	\$3,330,726
Cost Center	920001000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Ramsell Corporation referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 15-889** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Pharmacy Benefit Management, which Contract first became effective January 1, 2016, the following changes are hereby made and agreed to, effective January 1, 2021:

I. ARTICLE III Performance, paragraph L is hereby added to read as follows:

L. Internal Control

Contractor must establish and maintain effective internal control over the County Fund to provide reasonable assurance that the Contractor manages the County Fund in compliance with Federal, State and County statutes, regulations, and terms and conditions of the Contract.

Fiscal practices and procedures shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Additionally, fiscal practices and procedures must comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

- II. ARTICLE IV Funding and Budgetary Restrictions, paragraph C is hereby deleted and paragraph D is hereby re-lettered as C and amended to read as follows:
 - C. The contract amended amount of \$302,793 shall increase the total contract amount from \$3,027,933 to \$3,330,726 for the contract term.
- III. ARTICLE V Provisional Payment paragraph A, is hereby amended to read as follows:
 - A. During the term of this Agreement, the County shall make interim reimbursements to Contractor on a monthly basis for eligible services provided under this Agreement and in accordance with the terms.
- IV. ARTICLE IX Duration and Termination paragraphs A, is hereby amended to read as follows:
 - A. The term of this Agreement shall be from January 1, 2016 through June 30, 2021 inclusive.
- V. Previously approved Addendum I Fee Schedule hereby remains in effect through June 30, 2021.
- VI. Previously approved Addendum II Description of Pharmacy Benefit Manager Program Services hereby remains in effect through June 30, 2021.
- VII. Previously approved Addendum III Ramsell Performance Guarantees hereby remains in effect through June 30, 2021.

VIII. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

COUNTY OF SAN BERNARDINO


Curt Hagman, Chairman, Board of Supervisors

Dated: **NOV 17 2020**


SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD


Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

By  Deputy

Ramsell Corporation

(Print or type name of corporation, company, contractor, etc.)

By 
7637FC3C8846498... ed signature - sign in blue ink)

Name Sophia J. Byndloss

(Print or type name of person signing contract)

Title President, Products and Services
(Print or Type)


Dated: 10/27/2020

Address Address

City, State, Zip Code _____

FOR COUNTY USE ONLY

Approved on Attachment Form

DocuSigned by:

8FD744A7897047B... untly Counsel

Date 10/22/2020

Reviewed for Contract Compliance

DocuSigned by:

4AA4DEA058D0425... cts Manager

Date 10/27/2020

Reviewed/Approved by Department

DocuSigned by:

B128EF1A85354BD... Ver

Date 11/2/2020