



Monterey County Board of Supervisors

Board Order

168 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066
www.co.monterey.ca.us

A motion was made by Supervisor Mary L. Adams, seconded by Supervisor John M. Phillips to:

Agreement No.: A-14643

- a. Ratify the electronic execution by the Contracts/Purchasing Officer of a 340B Prime Vendor Participation Agreement ("Agreement") with Apexus, LLC. ("340B Prime Vendor") with a retroactive effective date of January 15, 2020, which shall auto renew for one (1) year periods until terminated, for continued access to discounted outpatient pharmaceuticals for the County of Monterey Health Department's Federally Qualified Health Center clinics; and
- b. Approve recommendation of Director of Health to accept all non-standard provisions in Agreement, including indemnification, governing law, and confidentiality, provisions; and
- c. Authorize the Director of Health or Assistant Director of Health or their designees to sign up to three (3) future amendments to this Agreement where the amendments do not significantly change the scope of work.

PASSED AND ADOPTED on this 10th day of March 2020, by roll call vote:

AYES: Supervisors Alejo, Phillips, Lopez, Parker and Adams
NOES: None
ABSENT: None
(Government Code 54953)

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 82 for the meeting March 10, 2020.

Dated: March 10, 2020
File ID: A 20-042
Agenda Item No.: 14

Valerie Ralph, Clerk of the Board of Supervisors
County of Monterey, State of California

A handwritten signature in blue ink, appearing to read "Joel G. Pablo".

Joel G. Pablo, Deputy



Monterey County

Board of Supervisors
Chambers
168 W. Alisal St., 1st Floor
Salinas, CA 93901

Board Report

Legistar File Number: A 20-042

March 10, 2020

Introduced: 2/25/2020

Current Status: Agenda Ready

Version: 1

Matter Type: BoS Agreement

- a. Ratify the electronic execution by the Contracts/Purchasing Officer of a 340B Prime Vendor Participation Agreement ("Agreement") with Apexus, LLC. ("340B Prime Vendor") with a retroactive effective date of January 15, 2020, which shall auto renew for one (1) year periods until terminated, for continued access to discounted outpatient pharmaceuticals for the County of Monterey Health Department's Federally Qualified Health Center clinics; and
- b. Approve recommendation of Director of Health to accept all non-standard provisions in Agreement, including indemnification, governing law, and confidentiality, provisions; and
- c. Authorize the Director of Health or Assistant Director of Health or their designees to sign up to three (3) future amendments to this Agreement where the amendments do not significantly change the scope of work.

RECOMMENDATION:

It is recommended that the Board of Supervisors:

- a. Ratify the electronic execution by the Contracts/Purchasing Officer of a 340B Prime Vendor Participation Agreement ("Agreement") with Apexus, LLC. ("340B Prime Vendor") with a retroactive effective date of January 15, 2020, which shall auto renew for one (1) year periods until terminated, for continued access to discounted outpatient pharmaceuticals for the County of Monterey Health Department's Federally Qualified Health Center clinics; and
- b. Approve recommendation of Director of Health to accept all non-standard provisions in Agreement, including indemnification, governing law, and confidentiality, provisions; and
- c. Authorize the Director of Health or Assistant Director of Health or their designees to sign up to three (3) future amendments to this Agreement where the amendments do not significantly change the scope of work.

SUMMARY/DISCUSSION:

The Health Department Clinic Services Bureau (Clinic Services) operates ten community clinic sites designated as Federally Qualified Health Centers (FQHC), which provide preventive, primary, and specialty medical care services. The FQHC designation establishes Clinic Services as a covered entity under the Section 340B of the Public Health Service Act for discount outpatient pharmaceuticals.

Aside from the cost savings achieved through the 340B Program, covered entities are also eligible for additional discounts through the 340B Prime Vendor Program (PVP) managed by Apexus, LLC., the Prime Vendor selected by the Health Resources and Services Administration (HRSA). The PVP enables 340B covered entities to obtain pharmaceutical prices at lower than 340B statutory prices and access cost-saving contracts for medications such as vaccines, diabetic supplies, diagnostic test kits and more.

On December 10, 2010, the Board of Supervisors approved a 340B Prime Vendor Program Participation Agreement with Apexus, LLC, authorizing Clinic Services to purchase outpatient drugs at discounted prices through the Apexus Prime Vendor program. On September 11, 2019, HRSA designated Clinic Services' ten clinics as FQHC clinics. HRSA FQHC designation rules required that the County of Monterey replace its existing agreement with Apexus, LLC with a new agreement, pursuant to which Clinic Services could re-enroll its clinics into the Apexus 340B Prime Vendor Program with new FQHC-covered entity numbers. In order to maintain uninterrupted access to 340B drug discounts, the new agreement with Apexus, LLC needed to be executed by January 15, 2020. In order to avoid losing access to discounted drug prices, Clinic Services requested execution of the Agreement by the County Contracts/Purchasing Officer before negotiation of non-standard contract terms or Board of Supervisors approval could be obtained. The Contracts/Purchasing Officer authorized electronic execution of the Agreement.

This new Agreement replaces the one previously in place with the same non-standard provisions.

Ratification of execution of this Agreement will ensure Clinic Services maintains uninterrupted access to the savings Clinic Services achieves by purchasing discounted outpatient drugs through the Apexus Prime Vendor program instead of retail prices it would otherwise have to pay. As of FY18-19, the estimated annual savings amount was between \$1.3MM and \$1.9MM.

This work supports the Monterey County Health Department 2018- 2022 Strategic Plan initiative(s):

1) Empower the community to improve health. It also supports the following of the ten essential public health services, specifically: 4) Mobilize community partnerships and action to identify and solve health problems.

OTHER AGENCY INVOLVEMENT:

The Office of County Counsel has approved this Agreement as to form.

FINANCING:

There is no financial impact to the General Fund resulting from approval of this Agreement. The Agreement will ensure Clinic Services' maintains un-interrupted access to discounted outpatient drugs through the Apexus Prime Vendor Program, whose discounts provide an estimated annual savings of \$1.3MM to \$1.9MM based on FYI 8-19 prices. The Agreement does not have negative financial impact on Clinic Services' Adopted Budget.

BOARD OF SUPERVISORS STRATEGIC INITIATIVES:

Mark a check to the related Board of Supervisors Strategic Initiatives

Economic Development:

- Through collaboration, strengthen economic development to ensure a diversified and healthy economy.

Administration:

- Promote an organization that practices efficient and effective resource management and is recognized for responsiveness, strong customer orientation, accountability and transparency.

Health & Human Services:

- Improve health and quality of life through County supported policies, programs, and services; promoting access to equitable opportunities for healthy choices and healthy environments in collaboration with communities.

☐Infrastructure:

- Plan and develop a sustainable, physical infrastructure that improves the quality of life for County residents and supports economic development results.

☐Public Safety:

- Create a safe environment for people to achieve their potential, leading businesses and communities to thrive and grow by reducing violent crimes as well as crimes in general.

Prepared by: Prisca Segovia, Management Analyst II, 755-4939

Approved by:

 Date: 02/02/2020
Elsa Jimenez, Director of Health, 755-4526

Attachments:

Agreement is on file with Clerk of the Board



Participant Registration

Please scroll down to complete the Prime Vendor Participation agreement.

Your Details:
340B ID: CHC33795-00
Name: Monterey, County Of
Address Header: County of Monterey - Laurel Pediatric Clinic
Address: 1441 Constitution Blvd, Bldg. #200, Floor STE 101
City: Salinas **State:** CA **Zip:** 93906 - 31

The Following Facilities Will Be Automatically Enrolled With You.

340B ID	Name	Address Header	Address	City	State
CHC33795-01	Monterey, County Of	Monterey County Clinic at Marina	3155 De Forest Rd	Marina	CA
CHC33795-02	Monterey, County Of	County of Monterey - Laurel Vista	1441 Constitution Blvd. Bldg. 400 STE 301	Salinas	CA
CHC33795-03	Monterey, County Of	County of Monterey - Laurel Internal Medicine Clin	1441 Constitution Blvd. Bldg 151 STE 16	Salinas	CA
CHC33795-04	Monterey, County Of	County of Monterey Integrated Health Clinic	299 12th St	Marina	CA
CHC33795-05	Monterey, County Of	County of Monterey - Laurel Family Practice	1441 Constitution Blvd, Bldg. 400 STE 300	Salinas	CA
CHC33795-06	Monterey, County Of	Allsal Health Center	559 E Allsal St STE 201	Salinas	CA
CHC33795-07	Monterey, County Of	County of Monterey - Seaside Family Health Center	1156 Fremont Blvd	Seaside	CA
CHC33795-08	Monterey, County Of	Bienestar	1441 Constitution Blvd BLDG 400 STE 201	Salinas	CA

340B PRIME VENDOR PARTICIPATION AGREEMENT

INSTRUCTIONS FOR COMPLETING AGREEMENT

- The online process should take 10-15 minutes to complete.
- Your submitted online agreement will be processed in a timely manner and activation date is assigned on the 1st of the following month, if agreement is submitted before the 15th.
- Upon approval of your submitted agreement, activation dates are as follows:

If Agreement is approved during the 1st through 15th of any month, your enrollment effective date is the first day of the next month. If agreement is approved during the 16th through the 31st day of a month, your effective date is the first day of the following month.
Example: Agreement is approved: July 1-15... your effective date is ...August 1st
 July 16-31... your effective date is ...Sept 1st

If you require additional information or assistance, please contact Apexus Answers at (888) 340-2787 or ApexusAnswers@340BPVP.com.

TERMS & CONDITIONS

Effective September 10, 2004, and as re-awarded as of September 10, 2009 and September 29, 2014, the 340B Prime contract was awarded by Health Resources and Services Administration (HRSA) to Apexus LLC, a Delaware limited liability company, to manage the 340B Prime Vendor Program. The 340B Prime Vendor Program managed by Apexus will be referred hereafter as the "340B Prime Vendor".

This Agreement is made this **15th** day of, **January 2020**, by and between 340B Prime Vendor **Monterey, County Of** ("**Participant Facility**").

WHEREAS pursuant to § 340B of the Public Health Service Act ("§ 340B"), the Health Resources and Services Administration (HRSA) established the "340B Prime Vendor" (the "Program");

WHEREAS, the Program allows "covered entities" (as defined in § 340B) to purchase outpatient prescription drugs from suppliers and distributors (collectively, "Vendors") under agreements executed by the 340B Prime Vendor or its authorized designee as approved by HRSA;

WHEREAS, 340B Prime Vendor is authorized to directly or through its agents to execute 340B § 340B Prime Vendor Agreements (hereafter referred to as "340B Prime Vendor Agreements") with Vendors, pursuant to which Program Participant may purchase drugs under the Program ("340B Prime Vendor- Agreements"); and

WHEREAS, Participant is a "covered entity" for purposes of § 340B and wishes to have the option of purchasing outpatient prescription drugs under 340B Prime Vendor Agreements for dispensation to Participant's patients;

NOW THEREFORE, in consideration of the terms and conditions contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

- A** Participant hereby authorizes 340B Prime Vendor and its agents to act as Participant's contracting agent for the purposes of the Program. Subject to Participant's proper and timely completion of any necessary enrollment or declaration forms, 340B Prime Vendor shall notify Vendors that Participant may elect to purchase drugs under 340B Prime Vendor Agreements. Participant recognizes that a particular Vendor may elect not to do business with Participant.
- B** The term of this Agreement shall commence on the date set forth above and shall continue for a period of one year, unless terminated earlier. The term of this Agreement shall automatically renew for additional one year terms, unless terminated earlier. This Agreement may be terminated by either party at will and without cause at any time, provided that the terminating party provides the other party with sixty (60) days prior written notice. [The effective date of program eligibility will be established for each program.]
- C** 340B Prime Vendor is authorized (but not obligated) to enter into 340B Prime Vendor Agreements (which may set forth some or all of the terms and conditions pursuant to which Participant may purchase items from Vendors) on behalf of, and as agent for, Participant. **Nothing in such agreements shall, in any way, obligate the Participant to purchase, license or lease any drugs or other items or services from any Vendor.** To the extent that Participant takes advantage of such agreements, Participant agrees to comply with the terms and conditions of such agreements. Additionally, Participant represents and warrants that it shall purchase items under 340B Prime Vendor Agreements for its "own use" only and in a manner that complies with applicable laws and guidance, including that such items be dispensed to Participant's patients only. Breach of the foregoing representation and warranty may result in immediate termination of this Agreement.
- D** Pursuant to the terms of certain 340B Prime Vendor Agreements, 340B Prime Vendor may receive fees from Vendors ("Vendor Fees") and furnish certain administrative and promotional services to Vendors. Vendor Fees shall be fixed at three percent or less of the purchase price of the drugs covered by the 340B Prime Vendor Agreement. 340B Prime Vendor shall provide Participant with an annual report setting

the total dollar volume of Participant's purchases under 340B Prime Vendor Agreements and the Vendor Fees received by 340B Prime Vendor based on such purchases. If Participant has any questions concerning Vendor Fees in general or the Vendor Fee provisions of any 340B Prime Vendor Agreement in particular, Participant may contact 340B Prime Vendor.

- E** Participant represents and warrants that at all times during the term of this Agreement, it shall (1) be a "covered entity" for purposes of § 340B and (2) comply with applicable federal, state and local laws. In the extent Participant receives discounts, rebates or any other price reductions as a result of purchases under a 340B Prime Vendor Agreement, Participant may have an obligation under federal or state law to disclose such price reductions to federal or state healthcare programs or other payers. Participant shall defend, indemnify and hold 340B Prime Vendor (and its directors, officers, employees and agents) harmless from any and all losses, damages and costs (including, but not limited to, attorneys' fees and expenses) incurred by 340B Prime Vendor on account of (1) any breach of this representation and warranty or (2) any action brought by a third party that is predicated on the reckless or negligent act or omission of Participant.
- F** 340B Prime Vendor, its directors, officers, agents and employees shall not be liable to the Participant for any act, or failure to act, in connection with the 340B Prime Vendor Agreements, including, but not limited to, any failure of a Vendor to furnish the drugs that it has agreed to furnish under any 340B Prime Vendor Agreement. Without limiting the generality of the foregoing, 340B Prime Vendor hereby disclaims and excludes any express or implied representation or warranty regarding any drugs or other items or services purchased under 340B Prime Vendor Agreements.
- G** Participant agrees that it will keep strictly confidential and hold in trust all "confidential information" of 340B Prime Vendor. Participant shall not (1) use such information for any purpose other than to effect the purposes of this Agreement or (2) disclose such information to any third party, without 340B Prime Vendor's prior written consent. For purposes of this Agreement, "confidential information" means all information relating to (1) the terms and conditions (including prices, discounts, rebates and the like) of 340B Prime Vendor Agreements, (2) the terms and conditions of 340B Prime Vendor programs, and any other information relating to the business or operation of 340B Prime Vendor that is not readily available in the public domain.
- H** This Agreement may not be transferred or assigned without the prior written consent of both parties hereto, provided, however, that 340B Prime Vendor may assign this Agreement to any affiliate or subsidiary of 340B Prime Vendor without Participant's consent.
- I** Unless Participant's state law requires otherwise, this Agreement shall be construed under and governed by the laws of the state of Texas.
- J** The 340B Prime Vendor is authorized to enroll registered 340B covered entities listed on the HRSA's Office of Pharmacy Affairs Covered Entity Database. Participant hereby authorizes the 340B Prime Vendor to enroll a covered entity into the 340B Prime Vendor Program that share the same HRSA Grant Number as their 340B covered entity listed on the Participation Profile Enrollment Sheet (Page 3 of this agreement). For purposes of this Section J, a "HRSA Grant Number" is a unique federal identifier assigned by HRSA for each grant issued to a registered 340B covered entity. As the 340B Prime Vendor, Apexus is required to provide HRSA with the Participant's purchase data from 340B Prime Vendor Agreements. Participant authorizes the 340B Prime Vendor to provide purchase data to HRSA.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered by their respective authorized representatives.

By typing my name, title, email address and telephone number in the indicated fields below, I hereby certify that all of the information submitted is true, accurate and complete.

Notes: (?) means required information. Please place your mouse over the (?) below to view the instructions for more details.

Name of Authorized Signer: (?)
 Participant Title:

Email Address:

denm@co.monterey.ca.us

Telephone Number:

831 755-4992 (999-999-9999 x9999)

Date:

01/15/2020



1) This Agreement governs the rights, duties, and responsibilities of both parties in the use of an electronic signature and complies with requirements set forth in the federal Electronic Signatures in Global and National Commerce Act ("ESIGN Act"), and the Texas Uniform Electronic Transactions Act ("UETA"), and as such allows the use of electronic signatures and documents with respect to transactions and disclosures. Electronic Signature means an electronic identifying sound, symbol, or process attached to or logically connected with an electronic record and executed or adopted by a person with present intention to authenticate a record.

2) By use of the e-signature feature of this Web site, I represent and warrant without reservation that I have the legal right, power, and authority to agree to all terms contained in the electronic records on this Web site on behalf of me and the organization on whose behalf I am acting. I further agree that use of the e-signature feature of this Web site constitutes an "electronic signature" as defined by the ESIGN Act and the Texas UETA, and that I have formed, executed, entered into, accepted the terms of, and otherwise authenticated the terms specified herein for the use of the e-signature feature of this Web site. I further acknowledge and agree that proceeding to use the e-signature feature of this Web site constitutes my full agreement to all terms and conditions contained within the Apexus 340B Prime Vendor Participation Agreement and that such agreement is an "electronic record" for purposes of the ESIGN Act and the Texas UETA, and as such is completely valid, has legal effect, is enforceable, and is binding on, and non-retractable by me or the organization on whose behalf I am acting, as if it were any other duly executed paper contract.


3) I understand that I am under no obligation to transact business electronically and have the right to withdraw my consent to use the E-Sign process by contacting Apexus Customer Service at 1-888-340-2787, or 340B_PRIMEVENDOR@340bvp.com to discuss other options.

4) I understand that I have the right to receive the authorization of this Participation Agreement in a non-electronic form and can print hard copies of the electronic documents during the course of this enrollment process. There are no additional fees for printing or exporting electronic documents or signatures.

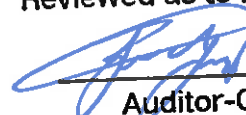
5) Access to this electronic record requires a simple browser program such as Internet Explorer™ or Chrome™ and a computer.

Submit (?)
 Print (?)

Cascade All Entity Details to Child Sites (?)


 CONTRACTS / PURCHASING OFFICER
 COUNTY OF MONTEREY
 02-24-2020

Reviewed as to fiscal provisions

 2/19/2020
 Auditor-Controller
 County of Monterey

APPROVED AS TO FORM

BY: 
 MONTEREY COUNTY COUNSEL

BY: _____
MONTBERRY COUNTY COUNCIL

APPROVED AS TO FORM

County of Monterey
Auditor-Controller

Reviewed as to fiscal provisions

APR 27 2022

Participant Profile Sheet (Please review and change, where necessary, the profile information for each site listed below)

PV PA Name:	Monterey, County Of
Address Header:	County of Monterey - Laurel Pediatric Clinic
Address:	1441 Constitution Blvd, Bldg. #200, Floor STE 101 (?)
City, State, ZIP:	Salinas CA 93906 31
Contact Name: (primary)	Mrsca Segovia (?)
Contact Title:	Analyst
Contact Email Address:	segoviap@co.monterey.ca.us
Contact Phone Number:	831 755-4939 (999-999-9999 x9999)
Contact Name: (secondary)	Nan Kim (?)
Contact Title:	Financial Administration
Email Address:	kimnk@co.monterey.ca.us
Phone Number:	831 796-1308
Authorized Pharmacy Distributors:	
Primary:	DPPV0401 - Cardinal Pharmacy Distribution - Start: 09/01/2018 End: 08/31/2020
Secondary:	
Tertiary:	
AD Bill To Number:	
DEA:(Drug enforcement Agency Number is requested for sales tracking purposes on outpatient Rx accounts)	FK1556337 (?)
340 ID:	CHC33795-00
Group Purchasing Organizations (GPO): (List any GPOs you belong to)	

Participant Profile Sheet (Please review and change, where necessary, the profile information for each site listed below)

PV PA Name:	Monterey, County Of
Address Header:	Monterey County Clinic at Marina
Address:	3155 De Forest Rd
City, State, ZIP:	Marina CA 93933 27
Contact Name: (primary)	PRISCA SEGOVIA
Contact Title:	Analyst
Contact Email Address:	SEGOVIAP@CO.MONTEREY.CA.US
Contact Phone Number:	831 755-4939 (999-999-9999 x9999)
Contact Name: (secondary)	NAN KIM
Contact Title:	Financial Administration
Email Address:	KIMNK@CO.MONTEREY.CA.US
Phone Number:	831 796-1308
Authorized Pharmacy Distributors:	
Primary:	DPPVC401 - Cardinal Pharmacy Distribution - Start 09/01/2016 End 09/31/2020
Secondary:	
Tertiary:	
AD Bill To Number:	
DEA:(Drug enforcement Agency Number is requested for sales tracking purposes on outpatient Rx accounts)	FK1556337
340 ID:	CHC33795-01
Group Purchasing Organizations (GPO): (List any GPOs you belong to)	

Participant Profile Sheet (Please review and change, where necessary, the profile information for each site listed below)

PV PA Name:	Monterey, County Of
Address Header:	County of Monterey - Laurel Vista
Address:	1441 Constitution Blvd. Bldg. 400 STE 301
City, State, ZIP:	Salinas CA 93906 31
Contact Name: (primary)	PRISCA SEGOVIA
Contact Title:	Analyst
Contact Email Address:	SEGOVIA@CO.MONTEREY.CA.US
Contact Phone Number:	831 755-4939 (999-999-9999 x9999)
Contact Name: (secondary)	NAN KIM
Contact Title:	Financial Administration
Email Address:	KIMNK@CO.MONTEREY.CA.US
Phone Number:	831 796-1308
Authorized Pharmacy Distributors:	
Primary:	DPPVD401 - Cardinal Pharmacy Distribution - Start 09/01/2016 End 08/31/2020
Secondary:	
Tertiary:	
AD Bill To Number:	
DEA:(Drug enforcement Agency Number is requested for sales tracking purposes on outpatient Rx accounts)	FK1558337
340 ID:	CHC33795-02
Group Purchasing Organizations (GPO): (List any GPOs you belong to)	

Participant Profile Sheet (Please review and change, where necessary, the profile information for each site listed below)

PV PA Name:	Monterey, County Of
Address Header:	County of Monterey - Laurel Internal Medicine Clin
Address:	1441 Constitution Blvd. Bldg 151 STE 16
City, State, ZIP:	Salinas CA 93906 31
Contact Name: (primary)	PRISCA SEGOVIA
Contact Title:	Analyst
Contact Email Address:	SEGOVIAP@CO.MONTEREY.CA.US
Contact Phone Number:	831 755-4939 (999-999-9999 x9999)
Contact Name: (secondary)	NAN KIM
Contact Title:	Financial Administration
Email Address:	KIMNK@CO.MONTEREY.CA.US
Phone Number:	831 796-1308
Authorized Pharmacy Distributors:	
Primary:	DPPV0401 - Cardinal Pharmacy Distribution - Start 06/01/2016 End 08/31/2020
Secondary:	
Tertiary:	
AD Bill To Number:	
DEA: (Drug enforcement Agency Number is requested for sales tracking purposes on outpatient Rx accounts)	FK1556337
340 ID:	CHC33795-03
Group Purchasing Organizations (GPO): (List any GPOs you belong to)	

Participant Profile Sheet (Please review and change, where necessary, the profile information for each site listed below)

PV PA Name:	Monterey, County Of
Address Header:	County of Monterey Integrated Health Clinic
Address:	299 12th St (?)
City, State, ZIP:	Marina CA 93933 60
Contact Name: (primary)	PRISCA SEGOVA (?)
Contact Title:	Analyst ▼
Contact Email Address:	SEGOVIAP@CO.MONTEREY.CA.US
Contact Phone Number:	831 755-4939 (999-999-9999 x9999)
Contact Name: (secondary)	NAN KIM (?)
Contact Title:	Financial Administration ▼
Email Address:	KIMNK@CO.MONTEREY.CA.US
Phone Number:	831 798-1308
Authorized Pharmacy Distributors:	(?)
Primary:	DPPV0401 - Cardinal Pharmacy Distribution - Start 09/01/2016 End 05/31/2020 ▼
Secondary:	▼
Tertiary:	▼
AD Bill To Number:	(?)
DEA: (Drug enforcement Agency Number is requested for sales tracking purposes on outpatient Rx accounts)	FK1556337 (?)
340 ID:	CHC33795-04
Group Purchasing Organizations (GPO): (List any GPOs you belong to)	

Participant Profile Sheet (Please review and change, where necessary, the profile information for each site listed below)

PV PA Name:	Monterey, County Of
Address Header:	County of Monterey - Laurel Family Practice
Address:	1441 Constitution Blvd, Bldg. 400 STE 300
City, State, ZIP:	Salinas CA 93906 31
Contact Name: (primary)	PRISCA SEGOVIA
Contact Title:	Analyst
Contact Email Address:	SEGOVIAP@CO.MONTEREY.CA.US
Contact Phone Number:	831 755-4939 (999-999-9999 x9999)
Contact Name: (secondary)	NAN KIM
Contact Title:	Financial Administration
Email Address:	KIMNK@CO.MONTEREY.CA.US
Phone Number:	831 796-1308
Authorized Pharmacy Distributors:	
*Primary:	DPPV0401 - Cardinal Pharmacy Distribution - Start 09/01/2018 End 08/31/2020
Secondary:	
Tertiary:	
AD Bill To Number:	
*DEA:(Drug enforcement Agency Number is requested for sales tracking purposes on outpatient Rx accounts)	FK1556337 (?)
340 ID:	CHC33795-06
Group Purchasing Organizations (GPO): (List any GPOs you belong to)	

Participant Profile Sheet (Please review and change, where necessary, the profile information for each site listed below)

PV PA Name:	Monterey, County Of
Address Header:	Allsal Health Center
Address:	559 E Alisal St STE 201
City, State, ZIP:	Salinas CA 93905
Contact Name: (primary)	PRISCA SEGOVIA
Contact Title:	Analys
Contact Email Address:	SEGOVIAP@CO.MONTEREY.CA.US
Contact Phone Number:	831 755-4939 (999-999-9999 x9999)
Contact Name: (secondary)	NAN KIM
Contact Title:	Financial Administration
Email Address:	KIMNK@CO.MONTEREY.CA.US
Phone Number:	831 796-1308
Authorized Pharmacy Distributors:	
Primary:	DPPV0401 - Cardinal Pharmacy Distribution - Start 09/01/2016 End 06/31/2020
Secondary:	
Tertiary:	
AD Bill To Number:	
DEA: (Drug enforcement Agency Number is requested for sales tracking purposes on outpatient Rx accounts)	FK1556337
340 ID:	CHC33795-06
Group Purchasing Organizations (GPO): (List any GPOs you belong to)	

Participant Profile Sheet (Please review and change, where necessary, the profile information for each site listed below)

PV PA Name:	Monterey, County Of
Address Header:	County of Monterey - Seaside Family Health Center
Address:	1156 Fremont Blvd (?)
City, State, ZIP:	Seaside CA 93955 57
Contact Name: (primary)	PRISCILLA SEGOVA (?)
Contact Title:	Analyst ▼
Contact Email Address:	SEGOVAP@CO.MONTEREY.CA.US
Contact Phone Number:	831 755-4939 (999-999-9999 x9999) (?)
Contact Name: (secondary)	NAN KIM (?)
Contact Title:	Financial Administration ▼
Email Address:	KIMNK@CO.MONTEREY.CA.US
Phone Number:	831 796-1308 (?)
Authorized Pharmacy Distributors:	
Primary:	DPPV0401 - Cardinal Pharmacy Distribution - Start 09/01/2016 End 08/31/2020 ▼
Secondary:	▼
Tertiary:	▼
AD Bill To Number:	(?)
DEA:(Drug enforcement Agency Number is requested for sales tracking purposes on outpatient Rx accounts)	FK1556337 (?)
340 ID:	CHC33795-07
Group Purchasing Organizations (GPO): (List any GPOs you belong to)	

Participant Profile Sheet (Please review and change, where necessary, the profile information for each site listed below)

PV PA Name:	Monterey, County Of
Address Header:	Bienestar
Address:	1441 Constitution Blvd BLDG 400 STE 201 (?)
City, State, ZIP:	Salinas CA 93906 31
Contact Name: (primary)	FROSCA SEGOVIA (?)
Contact Title:	Analyst
Contact Email Address:	SEGOVIAP@CO.MONTEREY.CA.US
Contact Phone Number:	831 795-4939 (999-999-9999 x9999)
Contact Name: (secondary)	NAN KIM (?)
Contact Title:	Financial Administration
Email Address:	KIMNK@CO.MONTEREY.CA.US
Phone Number:	831 796-1308
Authorized Pharmacy Distributors:	
Primary:	DPPV0401 - Cardinal Pharmacy Distribution - Start 09/01/2016 End 08/31/2020
Secondary:	
Tertiary:	
AD Bill To Number:	
DEA: (Drug enforcement Agency Number is requested for sales tracking purposes on outpatient Rx accounts)	FK1556337 (?)
340 ID:	CHC33795-08
Group Purchasing Organizations (GPO): (List any GPOs you belong to)	

Submit (?)
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