

September 17, 2026

POLK COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

ADDENDUM #2

RFP 26-384, TPA FOR OFF-SITE INMATE MEDICAL AND PHARMACY SERVICES

This addendum is issued to clarify, add to, revise and/or delete items of the RFP Documents for this work. This Addendum is a part of the RFP Documents and acknowledgment of its receipt should be noted on the Addendum.

Contained within this addendum: questions and answers.

Respectfully,

Tabatha Shirah

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Procurement Analyst

Procurement Division

This Addendum sheet should be signed and returned with your submittal. This is the only acknowledgment required.

Signature: _____

Printed Name: _____

Title: _____

Company: _____

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- Q1: TPA Licensure Requirement:** The Scope of Work expressly requires the proposer, or its disclosed subcontracted TPA, to maintain an active Certificate of Authority as an Insurance Administrator issued by the Florida Office of Insurance Regulation (OIR), pursuant to Florida Statute §626.881. Please confirm that this license is a mandatory, non-waivable minimum qualification for any entity performing TPA functions under this contract, including adjudication and payment of off-site inmate medical claims.
- A1:** The RFP language contained in the mandatory licensing section, is explicitly listed as a mandatory qualification.
- Q2: PBM Registration/Licensure Requirement:** The Scope of Work requires the proposer, or its disclosed subcontracted PBM, to maintain an active Certificate of Authority as an Insurance Administrator issued by the OIR pursuant to §626.881.4. Please confirm that any entity performing the required pharmacy benefit management functions, including management of institutional and specialty medications, must hold the required Florida PBM/TPA authority, and that a pharmacy provider lacking the applicable PBM/TPA certification may not independently satisfy this requirement
- A2:** Based on the RFP language contained in the mandatory licensing section, is explicitly listed as a mandatory qualification.
- Q3: Incumbent Vendor Compliance:** Please confirm whether the County has verified that the current incumbent, Heritage Health Solutions, Inc., possesses the Florida Insurance Administrator/TPA and PBM certifications required by this RFP. If Heritage does not currently hold all required certifications, please identify the specific legal, regulatory, or contractual authority under which Heritage is presently performing the TPA/PBM services described in the Scope of Work.
- A3:** The licensure/certifications are currently provided through Heritage subcontractors.
- Q4: Subcontractor Certification and Responsibility:** If a proposer does not itself hold the required TPA or PBM authority, please confirm that the County will only permit satisfaction of these requirements through a fully disclosed subcontractor that independently holds the applicable Florida OIR authority. Please further confirm that such authority must remain active throughout the contract term and require identification of the party responsible for claims adjudication, provider payment, pharmacy benefit administration, regulatory compliance, and related reporting.

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A4: The RFP Qualifications Section states:

Licensure:

- **Insurance Administrator License (TPA)** Proposers or their proposed subcontracted TPA must hold an Insurance Administrator License. An active Certificate of Authority as an Insurance Administrator issued by the Florida Office of Insurance Regulation (OIR), as required by Florida Statute §626.881.

- **Pharmacy Benefit Manager Registration (PBM).** Proposers or their proposed subcontracted PBM must hold an active Certificate of Authority as an Insurance Administrator issued by the Office of Insurance Regulation (OIR), as required by Florida Statute §626.881.

Polk County will permit satisfaction of the TPA or PBM authority requirements through a fully disclosed subcontractor that independently holds the applicable Florida OIR authority. This authority must remain active throughout the contract term, and the proposal must clearly identify the party responsible for all core functions, including claims adjudication, provider payment, pharmacy benefit administration, regulatory compliance, and reporting.

Q5: Certification as a Condition of Award and Continued Performance: Please confirm that the required TPA and PBM regulatory certifications must be active, verifiable, and in good standing at the time of proposal submission and must remain active throughout the resulting contract. Specific language regarding noncompliance will be included in the resulting contract. Please further confirm that failure to maintain the required authority constitutes material noncompliance with the contract and grounds for corrective action, suspension, disqualification, or termination. If the County intends to permit any exception, waiver, grandfathering provision, or transition period for an incumbent or other proposer that does not possess the required certifications, please identify the specific RFP provision, legal authority, and factual basis supporting that exception.

A5: The required TPA and PBM regulatory certifications must be active, verifiable and in good standing at the time of proposal submission and must remain active throughout the resulting contract. Language regarding failure to maintain the required licensure will be included in the resulting contract.

Q6: Can a list of the Selection Committee Members be provided?

A6:

1. Kelvin Almestica, Community Health Care
2. Joy Johnson, Community Health Care
3. Darrel Johnson, Office of Supplier Diversity
4. Andria McDonald, Polk County Sheriff's Office
5. Major Kevin McGraw, Polk County Sheriff's Office

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Q7: For Section 6 (#2), please clarify whether you would like the ACH payment process described for: (1) Polk County paying its invoice to the contractor or (2) the contractor paying the providers.

A7: Both