

September 25, 2026

POLK COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

ADDENDUM #4

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: Proposal receiving date extension, revisions and questions/answers.

The Proposal Receiving Date has been extended one (1) week. The revised Proposal Receiving Date is Wednesday, October 14, 2026, prior to 2:00 p.m.

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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Revision 1

RFP Package, Qualifications Section, pages 7-8

Replace in its Entirety with the following:

QUALIFICATIONS:

Mandatory Licensing, Accreditation, and Compliance Requirements

The TPA, or their subcontractor engaged to perform TPA-related functions under this Agreement, must possess and maintain all qualifications as noted below.

- **Florida Department of State**
 - **Certificate of Status.** Proposer and any subcontractor must have a Certificate of Status issued by the Florida Department of State (Sunbiz), dated within 60 days of submitting a proposal
- **Licensure:**
 - **Insurance Administrator License.** Proposer or their proposed subcontractor 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).** Proposer or their proposed subcontractor 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.
- **URAC Accreditation:**
 - Proposer must hold a current "Full" Certification from the Utilization Review Accreditation Commission (URAC).
- **Experience:**
 - The Proposer must have a minimum of three consecutive years of experience, within the past three years, providing similar size and scope work for corrections and/or other governmental agency. Similar size and scope include experience providing both off-site medical and pharmacy services as outlined in this RFP under one contract with the corrections or governmental agency.
- **Provider Network Contracts:**
 - Proposers must currently have a correctional contract or Sole Source Agreements with all 6 hospitals in Polk County to provide inmate emergency room and non-emergency hospital care.
 - Proposers must currently have Preferred Provider Organization (PPO) correctional network contracts with Polk County vendors to provide laboratory,

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radiology, ultrasound, dialysis, vision, dental, specialized respiratory therapies, etc. services.

- **IT Integration:**
 - Proposers must have the capability to interface with the PCSO's Jail Management System (JMS) and Electronic Health Record (EHR) for eligibility verification and ordering.

Revision 2

RFP Package, Submittal section, Tab 1 thru 4, pages 10-14:

Replace in its Entirety with the following:

Tab 1, Introduction:

- **Introduction letter** describing your firm, experience, number of years in business, contact name, title, company address, phone number and email address of contact person. (One page, single or double sided)
- **Qualifications:**
 - Please provide the following information within Tab 1, to show your firm meets the qualifications of this RFP:
 - **Florida Department of State**
 - **Certificate of Status.** Proposer and any subcontractor must have a Certificate of Status issued by the Florida Department of State (Sunbiz), dated within 60 days of submitting a proposal.
 - Please provide a copy of the Certificate of Status.
 - **Licensure:**
 - **Insurance Administrator License** Proposer or their proposed subcontractor 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.
 - Please provide a copy of this license
 - **Pharmacy Benefit Manager Registration (PBM).** Proposer or their proposed subcontractor 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.
 - Please provide a copy of the active Certificate of Authority
 - **URAC Accreditation:**
 - Proposer must hold a current "Full" Certification from the Utilization Review Accreditation Commission (URAC).
 - Please provide a copy of the "Full" Certification from the URAC.

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- **Experience:**
 - The Proposer must have a minimum of three consecutive years of experience, within the last three years, providing similar size and scope work for corrections and or other governmental agency. Similar size and scope include experience providing both off-site medical and pharmacy services as outlined in this RFP under one contract with the corrections or governmental agency.
 - Please provide a copy of all contracts identified under Tab 2, showing this qualification has been met.
- **Provider Network Contracts:**
 - Proposer must currently have a correctional contract or Sole Source Agreements with all 6 hospitals within Polk County to provide inmate emergency room and non-emergency hospital care.
 - Please provide a copy of these current contracts
 - Proposer must currently have Preferred Provider Organization (PPO) correctional network contracts with Polk County vendors to provide laboratory, radiology, ultrasound, dialysis, vision, dental, specialized respiratory therapies, etc. services.
 - Please provide a copy of these current contracts
- **IT Integration:**
 - Proposers must have the capability to interface with the PCSO's Jail Management System (JMS) and Electronic Health Record (EHR) for eligibility verification and ordering.
 - Please provide a brief statement outlining how the Proposer meets this qualification.

Tab 2, Experience and Expertise (50 Points)

- Provide your firm's organization structure.
- Provide a resume for the project manager and all key personnel that will be involved in providing the services as outlined in the scope of work. (1 page single or double sided for each resume)
- Describe the Proposer's experience with providing similar size and scope of work as outlined in this RFP. Please focus on the Proposer's or their proposed contractor being the TPA for both off-site medical and pharmacy services (One page, single or double sided)
- Provide a minimum of one project that demonstrates the Proposer's experience with providing offsite inmate medical and pharmacy services under one contract that shows the Proposer's experience in providing similar scope of work services in the past three (3) years, for three (3) consecutive years. For each project identified please include (2 pages for each project, single or doubled sided):

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- Correctional entity or government name
- Address
- Contact person name and title
- Contact person phone number and email address
- Cost of the services – average annual cost
- Start and end date of the contract
- Brief description of the services provided to include number of inmates served
- Identify subcontractors to be used. For each subcontractor proposed to perform services outlined in this RFP, please provide the following:
 - The name of the subcontractor and the services they are to provide.
 - A brief description of their experience outlining their qualifications to perform the services intended to include:
 - Listing the correction or other government agency name and address they provided similar size and scope services
 - Number of inmates served
 - A brief resume for each key personnel that will be assigned to perform the intended services.

Tab 3, Approach and Methodology (40 points)

Section 1 – Claims Adjudication & Administration

1. Describe your claims adjudication platform and automation capabilities.
2. How do you ensure accurate application of benefit rules?
3. Explain your process for claims scrubbing, duplicate detection, and third-party liability identification.
4. What percentage of claims are auto adjudicated vs. manually reviewed?
5. Describe your process for handling high-cost or complex claims.
6. Confirm ability to meet timeliness standards (15-day adjudication, 45-day payment).
7. Provide your historical claims accuracy rates.

Section 2 – Statutory Repricing

1. Describe your methodology for repricing claims to 110% of Medicare.
2. How do you apply Geographic Practice Cost Index (GPCI)?
3. Explain your process for validating eligibility for the 125% exception.
4. Provide examples of savings achieved through Medicare-based repricing.

Section 3 – Network & Care Access

1. Describe your provider network (hospitals, specialists, on-site ancillary providers). Are they willing to accept the statutory 110% of Medicare rate?
2. Provide network adequacy statistics.

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3. Describe the dedicated provider contracting team that negotiates provider contracts and maintains relationships that does not cause us to lose providers.
4. Do you provide an in-house call center so providers will call the third party provider
5. Explain your process for negotiating Letters of Agreement (LOAs).
6. How do you ensure timely inmate access to care?

Section 4 – Utilization Management

1. Describe your utilization management program.
2. Confirm availability of 24/7 pre-certification services.
3. Explain your concurrent review process for inpatient care.
4. Provide examples of cost savings through utilization management.

Section 5 – Pharmacy Services

1. Describe your pharmacy claims adjudication system.
2. Identify your pharmacy network (retail, mail-order, specialty).
3. Describe bulk medication procurement and pricing model for
4. Describe your protocol for medication returns and credits.

Section 6 – Financial Administration

1. Describe your Zero-Balance Account (ZBA) funding model.
2. Explain your ACH payment processes.
3. Provide sample Explanation of Benefits (EOB).
4. Describe your invoicing process and ability to meet biweekly billing.

Section 7 – Reporting & Analytics

1. Provide samples of required reports (biweekly, monthly, quarterly).
2. Describe your reporting platform and dashboard capabilities.
3. Can reports be customized?
4. Describe ability to provide IBNR estimates and projections.

Section 8 – Technology & Integration

1. Describe your technology platform and architecture.
2. How do you support EDI transactions?
3. Explain integration with EHR and e-prescribing platforms.
4. Describe provider portal capabilities.

Tab 4, Surveys of Past Performance (10 Points)

- Provide reference surveys from each correctional or governmental entity identified under Tab 2, Experience and Expertise.
- Completed surveys. (See Exhibit 1) Procurement will take the average of all surveys and score as follows:
 - Average Score between 9-10 (10 Points)
 - Average Score between 7-8 (8 Points)
 - Average Score between 5-6 (6 Points)
 - Average Score between 3-4 (4 Points)
 - Average Score between 1-2 (2 Points)

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- Average Score of 0 (0 Points)

Questions/Answers

Addendum 2; *The answers to Questions 1 through 5 are hereby replaced in their entirety with the revised responses below:*

- 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:** This Addendum revises the Licensure Requirement as stated below. Compliance with the revised Licensure Requirement is mandatory.
- **Licensure:**
 - **Insurance Administrator License.** Proposer or their proposed subcontractor 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.
- 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:** This Addendum revises the Licensure Requirement as stated below. Compliance with the revised Licensure Requirement is mandatory.
- **Licensure:**
 - **Pharmacy Benefit Manager Registration (PBM).** Proposer or their proposed subcontractor 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.
- 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.

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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.

A4: The RFP Qualifications Section states:

- **Insurance Administrator License.** Proposer or their proposed subcontractor 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).** Proposer or their proposed subcontractor 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.

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 Licensure requirement certification 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.