



# SCHOOL BOARD OF POLK COUNTY

P.O. BOX 391  
BARTOW, FLORIDA 33831

(863) 534-0500

1915 SOUTH FLORAL AVENUE  
BARTOW, FLORIDA 33830

## Board Members

CHAIRMAN  
FRANK J. O'REILLY  
DISTRICT 1

LORI CUNNINGHAM  
DISTRICT 2

HAZEL SELLERS  
DISTRICT 3

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DISTRICT 4

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DISTRICT 5

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DISTRICT 6

TIM HARRIS  
DISTRICT 7

C. WESLEY BRIDGES, II  
General Counsel

## Administration

GAIL F. McKINZIE, Ph.D.  
Superintendent

November 19, 2009

ADDENDUM #01

Page 1 of 21

To: All Vendors

From: Scott Clanton  
Director of Purchasing and Warehousing

Subject: RFP FOR ONSITE MEDICAL CLINICS  
#035-PLA-1210

This addendum is issued to provide official responses to written questions and/or additional information pertaining to the RFP.

The deadline for written questions and requests for additional information was November 13, 2009, 5:00 PM.

## NOTE:

**ALL VENDORS SUBMITTING A PROPOSAL MUST SIGN AND RETURN THIS ADDENDUM. PLEASE SIGN AND RETURN THIS ADDENDUM IN ITS ENTIRETY WITH YOUR SEALED PROPOSAL PACKAGE.**

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VENDOR NAME

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PRINT OR TYPE SIGNATURE AND TITLE

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WRITTEN SIGNATURE

Please make the following changes on the above-referenced RFP. Deletions are indicated by strikethrough (~~strikethrough~~) and corrections/additions are in **bold**.

RFP NO: 035-PLA-1210

NOTICE TO INTERESTED PROPOSERS MAILED: October 29, 2009

DEADLINE FOR RECEIPT OF WRITTEN QUESTIONS: November 13, 2009, 5:00 p.m.

DEADLINE FOR RECEIPT OF PROPOSALS: December 4 3, 2009, 3:00 p.m.

See Q10/A10 on page 14 of this addendum for detailed changes regarding the Anticipated Schedule of Events.

Add to Section 4, page 14 of the RFP document:

**Tab 5 – Confidential Materials**

All materials that qualify as “trade secrets” shall be segregated, clearly labeled and accompanied by an executed Non-Disclosure Agreement for Confidential Materials (APPENDIX E) and Description of Confidential Materials (Exhibit A) shall be submitted in this section.

6.5 **Open Records**

~~All responses to this RFP are subject to release as public records consistent with Chapter 119 Florida Statutes. Proposers are advised to consult with their legal counsels regarding any material in their proposals that the proposers believe should not be public record. The District assumes no obligation or responsibility for asserting legal arguments on behalf of potential vendors.~~

6.5 **Disclosure of Proposal Content**

- A. All material submitted becomes the property of the School Board and may be returned only at the School Board's option. The School Board has the right to use any or all ideas presented in any reply to this RFP. Selection or rejection of any submittal does not affect this right.
- B. The School Board is governed by the Public Record Law, Chapter 119, Florida Statutes (F.S.). Only trade secrets as defined in Section 812.081(1)(c), F.S. or financial statements required by the School Board for road or public works projects as defined in 119.071(1)(c), F.S. (hereinafter “Confidential Materials”), may be exempt from disclosure.
- C. The District assumes no obligation or responsibility for asserting legal arguments on behalf of potential vendors.

**If a respondent submits Confidential Materials, the information must be segregated, accompanied by an executed Non-disclosure Agreement for Confidential Materials and each pertinent page must be clearly labeled “confidential” or “trade secret.” The School Board will not disclose such Confidential Materials, subject to the conditions detailed within the Agreement, which is attached to this solicitation. When such segregated and labeled materials are received with an executed Agreement, the School Board shall execute the Agreement and send the respondent a “Receipt for Trade Secret Information.”**

**RETURN THIS FORM *ONLY* IF CONFIDENTIAL MATERIALS ARE BEING INCLUDED IN THE SUBMITTAL. PLEASE READ THE SECTION IN THE RFP DOCUMENT TO DETERMINE IF THIS APPLIES. *THE CONFIDENTIAL MATERIALS WILL ONLY BE HANDED OUT TO THE SELECTION COMMITTEE FOR PURPOSES OF EVALUATION*, THEREFORE, THE EVALUATION OF THIS MATERIAL WILL BE LIMITED TO THAT TIME ONLY.**

**APPENDIX E**

**NON-DISCLOSURE AGREEMENT**

**For**

**CONFIDENTIAL MATERIALS**

RFP # \_\_\_\_\_

**RETURN THIS FORM *ONLY* IF CONFIDENTIAL MATERIALS ARE BEING INCLUDED IN THE SUBMITTAL. PLEASE READ THE SECTION IN THE BID DOCUMENT TO DETERMINE IF THIS APPLIES. THE CONFIDENTIAL MATERIALS WILL ONLY BE HANDED OUT TO THE SELECTION COMMITTEE FOR PURPOSES OF EVALUATION, THEREFORE, THE EVALUATION OF THIS MATERIAL WILL BE LIMITED TO THAT TIME ONLY.**

Respondent:

Address:

This Agreement is entered into as of the date of the last signature set forth below between the School District of Polk County, a political subdivision of the State of Florida (the "District"), and the above named Respondent (hereinafter the "Respondent"). The School District of Polk County and the Respondent are collectively referred to as the "Parties" and may be referred to individually as a Party.

**RECITALS**

WHEREAS, the Respondent possesses certain confidential trade secret materials that it wishes to disclose to the School District of Polk County for the purpose of responding to a request for proposal or otherwise conducting business with the School District; and

WHEREAS, the School District desires to review such materials in order to evaluate the District's interest in negotiating and concluding an agreement for the purchase of certain products and services, or otherwise conducting business with the Respondent.

NOW THEREFORE, in consideration of the mutual promises and premises contained herein, the receipt and sufficiency of which are hereby acknowledged, the School District and the Respondent agree as follows:

1. Confidential Materials. The Respondent warrants and represents to the School District that the materials described in the attached Exhibit A (the "Confidential Materials") constitute trade secrets as defined by Section 812.081(1)(c), Florida Statutes, or financial statements required by the School District for projects as

defined in 119.071(1)(c), Florida Statutes. Subject to the terms and conditions of this Agreement, the School District agrees not to disclose such Confidential Materials to third parties.

2. Additional Materials. During the course of the negotiations or the business relationship with the School District, the Respondent may disclose additional confidential or trade secret information to the District in which case the restrictions and obligations on the use and disclosure of the Confidential Materials imposed by this Agreement shall also apply to such additional information to the extent permitted by Florida law. Any such additional confidential or trade secret information shall be duly marked and stamped “confidential” or “trade secret” prior to delivery to the School District, and shall be subject to this Agreement and Section 812.081(2), Florida Statutes, only if written receipt is provided by the School District acknowledging receipt of such materials.

3. Exclusions. For purposes of this Agreement, the term “Confidential Materials” does not include the following:

- (a) Information already known or independently developed by the School District;
- (b) Information in the public domain through no wrongful act of the School District;
- (c) Information received by the School District from a third party who was legally free to disclose it;
- (d) Information disclosed by the Respondent to a third party without restriction on disclosure;
- (e) Information disclosed by requirement of law or judicial order, including without limitation Chapter 119 Florida Statutes; or
- (f) Information that is disclosed with the prior written consent of the Respondent, but only to the extent permitted by such consent.

4. Non Disclosure by Respondent. In the event that the School District discloses confidential or trade secret information to Respondent, the Respondent agrees to not disclose such information to any third party or copy such information or use it for any purpose not explicitly set forth herein without the School District’s prior written consent. Further, upon conclusion of discussions or business transactions between the School District and the Respondent, or at any time upon request of the School District, Respondent agrees to return such information (including any copies) to the School District.

5. Duty of Care. Each Party agrees to treat the other Party’s confidential or trade secret information with the same degree of care, but not less than reasonable care, as the receiving Party normally takes to preserve and protect its own similar confidential information and to inform its employees of the confidential nature of the disclosing Party’s information and of the requirement of nondisclosure. In the event either Party has actual knowledge of a breach of the nondisclosure requirements set forth in this Agreement, the Party acquiring such

knowledge shall promptly inform the other Party and assist that Party in curing the disclosure, where possible, and preventing future disclosures.

6. Limitations of Florida Law. Respondent understands and agrees that its assertion that any item is confidential or a trade secret does not, in and of itself, render such material exempt from the Florida Public Records Law, Chapter 119 of the Florida Statutes, and that the School District's ability to prevent disclosure of confidential and trade secret information may be subject to determination by a Florida court that such materials qualify for trade secret protection under Florida law. In the event a third party makes a public records request for the Confidential Materials or other materials deemed by Respondent to be confidential or a trade secret, the School District may submit the materials to the court for inspection in camera as set forth in Section 119.07(1)(e) Florida Statutes. Respondent further understands that the School District may be required to disclose such information if directed by a court of competent jurisdiction.

7. Indemnification by Respondent. In the event of any litigation instituted by a third party to compel the School District to disclose such materials, Respondent shall, at its sole cost and expense, provide assistance to the School District in defending the denial of the records request, and shall hold the School District harmless from any claim for statutory costs and attorneys fees arising from the School District's refusal to disclose such materials.

8. No Additional Obligations. This Agreement shall not be construed in any manner to be an obligation for either Party to enter into any subsequent contract or agreement.

9. Sovereign Immunity. Nothing in this Agreement shall be deemed as a waiver of immunity or limits of liability of the School District beyond any statutory limited waiver of immunity or limits of liability, which has been or which may be adopted by the Florida Legislature, regardless of the nature of any claim which may arise, including but not limited to a claim sounding in tort, equity or contract. In no event shall the School District be liable for any claim or claims for breach of contract, including without limitation the wrongful disclosure of confidential or trade secret information for an amount which exceeds, individually and collectively, the then current statutory limits of liability for tort claims. Nothing in this Agreement shall inure to the benefit of any third party for the purpose of allowing any claim against the School District, which would otherwise be barred under the Doctrine of Sovereign Immunity or by operation of law.

10. Notice. Whenever either Party desires to give notice unto the other, it must be given by written notice, sent by registered United States mail, with return receipt requested, addressed to the party for whom it is

intended, at the place last specified, and the place for giving of notice in compliance with the provisions of this paragraph. For the present, the Respondent designates the address set forth above as its place for receiving notice, and the School District designates the following address for such notice:

The School District of Polk County, Florida  
Director of Purchasing and Warehouse  
1915 South Floral Ave., PO Box 391  
Bartow, Florida 33830

11. Governing Law. This Agreement shall be governed by the laws of the State of Florida, and venue for any action arising out of or relating to the subject matter of this Agreement shall be exclusively in Polk County, Florida, or the Federal District Court for the Middle District of Florida.

12. Respondent and the School District hereby expressly waive any rights either may have to a trial by jury of any civil litigation related to this Agreement for any litigation limited solely to the parties of this Agreement.

**CONTINUED ON NEXT PAGE**

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers the day and year as set forth below.

**School District of Polk County, Florida**

**Respondent**

BY: \_\_\_\_\_  
Signature

BY: \_\_\_\_\_  
Signature

NAME: Gail F. McKinzie, Ph.D.

NAME: \_\_\_\_\_

TITLE: Superintendent

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTEST:

BY: \_\_\_\_\_  
Signature

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Exhibit “A”**

**DESCRIPTION OF CONFIDENTIAL MATERIALS**

Questions and Answers

Questions are written exactly as they were received.

This meeting was recorded. A copy of the recording is available upon request.

- Q1. Page 7 of 39 - Number 2 indicates the following:  
The proposer will manage and equip each clinic facility. As an alternative, existing medical facilities located in Polk County may be used if time is dedicated for the exclusive use of the District’s members.
- a. Please provide a listing of existing medical facilities that can be used by respondents/proposer to serve District members.
- A1. This would be up to the proposer to determine if they are proposing an existing facility.**
- b. Can a respondent/proposer choose to utilize the existing medical facilities in Polk County vs. identifying and proposing new sites?
- A1. Yes.**
- Q2. Page 9 of 39 - Section 3.2 Pre-Proposal Conference & Written Questions  
A non-mandatory Pre-Proposal Conference will be held in the School Board Auditorium at the District office, 1915 S. Floral Avenue, Bartow, Florida on November 12, 2009 @ 10:00 a.m. For those unable to attend physically, can we be conference via telephone?
- A2. Telephone conference “attendance” at the non-mandatory pre-bid conference is not an option available at this time.**
- Q3. Does the Board plan to make utilization of the clinics mandatory or voluntary?
- A3. Voluntary**
- Q4. Please provide geographic zip code data for the expected dependent users.
- A4. Zip code data was included for all subscribers on the census (see Attachment C). There is no separate census for dependents.**
- Q5. Has the Board made any decisions about the structure of the benefit plan or other incentives for clinic users, such as reducing or waiving co-payments and/or deductibles?
- A5. The incentive strategy will be determined in conjunction with the successful proposer.**
- Q6. Please provide a listing of the top 100 medications for the prior 12 months by both volume and cost.
- A6.**

Cost	Volume
LIPITOR - LIPOTROPICS	LEVOTHYROXINE SODIUM - THYROID PREPS
ENBREL - ANTIARTHRITICS	LIPITOR - LIPOTROPICS
PREVACID - ANTI-ULCER	
PREPS/GASTROINTESTINAL PREPS	AZITHROMYCIN - ERYTHROMYCINS
COPAXONE - MISCELLANEOUS	LISINOPRIL - OTHER HYPOTENSIVES
NEXIUM - ANTI-ULCER PREPS/GASTRO PREPS	AMLODIPINE BESYLATE - OTHER CARDIOVASCULAR PREPS
CRESTOR – LIPOTROPICS	HYDROCODONE-ACETAMINOPHEN - NARCOTIC

PLAVIX - ANTICOAGULANTS  
 ACTOS - DIABETIC THERAPY  
 SINGULAIR - BRONCHIAL DILATORS  
 EFFEXOR XR - PSYCHOSTIMULANTS-  
 ANTIDEPRESSANTS  
 ADVAIR DISKUS - BRONCHIAL DILATORS  
  
 VYTORIN - LIPOTROPICS  
  
 CELEBREX - ANTIARTHRITICS  
 LEXAPRO - PSYCHOSTIMULANTS-  
 ANTIDEPRESSANTS  
  
 HUMIRA - ANTIARTHRITICS  
 VALTREX - ANTIVIRALS  
 ACIPHEX - ANTI-ULCER  
 PREPS/GASTROINTESTINAL PREPS  
 CYMBALTA - PSYCHOSTIMULANTS-  
 ANTIDEPRESSANTS  
 TOPAMAX - ANTICONVULSANTS  
 TRICOR - LIPOTROPICS  
  
 JANUVIA - DIABETIC THERAPY  
 FORTEO - MISCELLANEOUS  
 LANTUS - DIABETIC THERAPY  
 AMBIEN CR - SEDATIVE NON-BARBITURATE  
 BYETTA - DIABETIC THERAPY  
 LYRICA - ANTICONVULSANTS  
 ZETIA - LIPOTROPICS  
 ARIMIDEX - ANTINEOPLASTICS  
 FEXOFENADINE HCL - ANTIHISTAMINES  
 GLEEVEC - ANTINEOPLASTICS  
 PANTOPRAZOLE SODIUM - ANTI-ULCER  
 PREPS/GASTROINTESTINAL PREPS  
 AMLODIPINE BESYLATE-BENAZEPRIL - OTHER  
 HYPOTENSIVES  
 BONIVA - MISCELLANEOUS  
 EVISTA - MISCELLANEOUS  
 BETASERON - MISCELLANEOUS  
 NASONEX - TOPICAL NASAL AND OTIC  
 PREPARATIONS  
  
 LEVAQUIN - URINARY ANTIBACTERIALS  
 BUDEPRION XL - PSYCHOSTIMULANTS-

ANALGESICS  
 SIMVASTATIN - LIPOTROPICS  
 ALPRAZOLAM - ATARACTICS-TRANQUILIZERS  
 METFORMIN HCL - DIABETIC THERAPY  
  
 HYDROCHLOROTHIAZIDE - DIURETICS  
 CRESTOR - LIPOTROPICS  
 LEXAPRO - PSYCHOSTIMULANTS-  
 ANTIDEPRESSANTS  
 METOPROLOL TARTRATE - OTHER CARDIOVASCULAR  
 PREPS  
  
 AMOXICILLIN - PENICILLINS  
 PROPOXYPHENE NAPSYLATE-APAP - NARCOTIC  
 ANALGESICS  
 SINGULAIR - BRONCHIAL DILATORS  
 OMEPRAZOLE - ANTI-ULCER PREPS/GASTROINTESTINAL  
 PREPS  
 METOPROLOL SUCCINATE - OTHER CARDIOVASCULAR  
 PREPS  
 FEXOFENADINE HCL - ANTIHISTAMINES  
 FUROSEMIDE - DIURETICS  
 SERTRALINE HCL - PSYCHOSTIMULANTS-  
 ANTIDEPRESSANTS  
 PREVACID - ANTI-ULCER PREPS/GASTROINTESTINAL PREPS  
 VYTORIN - LIPOTROPICS  
 TRIAMTERENE-HCTZ - DIURETICS  
 ZOLPIDEM TARTRATE - SEDATIVE NON-BARBITURATE  
 ATENOLOL - OTHER CARDIOVASCULAR PREPS  
 SYNTHROID - THYROID PREPS  
 PREDNISONE - GLUCOCORTICOIDS  
 NEXIUM - ANTI-ULCER PREPS/GASTROINTESTINAL PREPS  
 LISINOPRIL-HCTZ - OTHER HYPOTENSIVES  
  
 PLAVIX - ANTICOAGULANTS  
  
 AMOX TR-POTASSIUM CLAVULANATE - PENICILLINS  
 CIPROFLOXACIN HCL - OTHER ANTIBIOTICS  
 PREMARIN - ESTROGENS  
 MELOXICAM - ANTIARTHRITICS  
  
 ALENDRONATE SODIUM - MISCELLANEOUS  
 POTASSIUM CHLORIDE - ELECTROLYTES &  
 MISCELLANEOUS NUTRIENTS  
 CELEBREX - ANTIARTHRITICS

ANTIDEPRESSANTS  
 SUMATRIPTAN SUCCINATE - NON-NARCOTIC ANALGESICS  
 ABILIFY - PSYCHOSTIMULANTS-ANTIDEPRESSANTS  
 CADUET - OTHER CARDIOVASCULAR PREPS  
  
 HUMALOG - DIABETIC THERAPY  
 ARICEPT - PARASYMPATHETIC AGENTS  
 BENICAR HCT - OTHER HYPOTENSIVES  
  
 ONE TOUCH ULTRA TEST STRIPS - DIAGNOSTICS  
 AZITHROMYCIN - ERYTHROMYCINS  
 COZAAR - OTHER HYPOTENSIVES  
 PROVIGIL - PSYCHOSTIMULANTS-ANTIDEPRESSANTS  
  
 AVONEX - MISCELLANEOUS  
 CONCERTA - CNS STIMULANTS  
 HYZAAR - OTHER HYPOTENSIVES  
 NOVOLOG - DIABETIC THERAPY  
 OMEPRAZOLE - ANTI-ULCER PREPS/GASTROINTESTINAL PREPS  
 FLOMAX - MISCELLANEOUS  
 ATRIPLA - ANTIVIRALS  
 JANUMET - DIABETIC THERAPY  
 SIMVASTATIN - LIPOTROPICS  
 AVANDIA - DIABETIC THERAPY  
 DETROL LA - ANTISPASMODIC AND ANTICHOLINERGIC AGENTS  
 NIASPAN - LIPOTROPICS  
 PROGRAF - MISCELLANEOUS  
 PREMARIN - ESTROGENS  
 BUPHENYL - MISCELLANEOUS  
 REVATIO - OTHER HYPOTENSIVES  
 AVALIDE - OTHER HYPOTENSIVES  
 SEROQUEL - ATARACTICS-TRANQUILIZERS  
 BENICAR - OTHER HYPOTENSIVES  
  
 ANDROGEL - ANDROGENS  
 DIOVAN HCT - OTHER HYPOTENSIVES  
 FEMARA - ANTINEOPLASTICS  
  
 LANTUS SOLOSTAR - DIABETIC THERAPY

EFFEXOR XR - PSYCHOSTIMULANTS-ANTIDEPRESSANTS  
  
 PRAVASTATIN SODIUM - LIPOTROPICS  
 TRAMADOL HCL - NARCOTIC ANALGESICS  
 FLUOXETINE HCL - PSYCHOSTIMULANTS-ANTIDEPRESSANTS  
 WARFARIN SODIUM - ANTICOAGULANTS  
 NASONEX - TOPICAL NASAL AND OTIC PREPARATIONS  
 AMLODIPINE BESYLATE-BENAZEPRIL - OTHER HYPOTENSIVES  
 LORAZEPAM - ATARACTICS-TRANQUILIZERS  
 YAZ - SYSTEMIC CONTRACEPTIVES  
  
 CYMBALTA - PSYCHOSTIMULANTS-ANTIDEPRESSANTS  
 FLUTICASONE PROPIONATE - TOPICAL NASAL AND OTIC PREPARATIONS  
 TRICOR - LIPOTROPICS  
 BENICAR HCT - OTHER HYPOTENSIVES  
 ACTOS - DIABETIC THERAPY  
  
 CYCLOBENZAPRINE HCL - MUSCLE RELAXANTS  
 CLONAZEPAM - ANTICONVULSANTS  
 FLUCONAZOLE - FUNGICIDES  
 LEVAQUIN - URINARY ANTIBACTERIALS  
 CLONIDINE HCL - OTHER HYPOTENSIVES  
 OXYCODONE-ACETAMINOPHEN - NARCOTIC ANALGESICS  
  
 BENICAR - OTHER HYPOTENSIVES  
 ADVAIR DISKUS - BRONCHIAL DILATORS  
 ZETIA - LIPOTROPICS  
 METHYLPREDNISOLONE - GLUCOCORTICOIDS  
 CARVEDILOL - OTHER CARDIOVASCULAR PREPS  
 AMBIEN CR - SEDATIVE NON-BARBITURATE  
 PROAIR HFA - BRONCHIAL DILATORS  
 GABAPENTIN - ANTICONVULSANTS  
 RAMIPRIL - OTHER HYPOTENSIVES  
 PAROXETINE HCL - PSYCHOSTIMULANTS-ANTIDEPRESSANTS  
 SULFAMETHOXAZOLE-TRIMETHOPRIM - SULFONAMIDES  
 COZAAR - OTHER HYPOTENSIVES  
 PANTOPRAZOLE SODIUM - ANTI-ULCER PREPS/GASTROINTESTINAL PREPS

SPIRIVA - BRONCHIAL DILATORS	CITALOPRAM HBR - PSYCHOSTIMULANTS- ANTIDEPRESSANTS
METOPROLOL SUCCINATE - OTHER CARDIOVASCULAR PREPS	ACIPHEX - ANTI-ULCER PREPS/GASTROINTESTINAL PREPS
ADDERALL XR - AMPHETAMINE PREPARATIONS	HYZAAR - OTHER HYPOTENSIVES
LOVENOX - ANTICOAGULANTS	OCELLA - SYSTEMIC CONTRACEPTIVES
SOLODYN - TETRACYCLINES	BONIVA - MISCELLANEOUS
CELLCEPT - MISCELLANEOUS	ENALAPRIL MALEATE - OTHER HYPOTENSIVES
VYVANSE - AMPHETAMINE PREPARATIONS	VALTREX - ANTIVIRALS
TRACLEER - MISCELLANEOUS	ESTRADIOL - ESTROGENS
ACTOPLUS MET - DIABETIC THERAPY	LYRICA - ANTICONVULSANTS
AMOX TR-POTASSIUM CLAVULANATE - PENICILLINS	EVISTA - MISCELLANEOUS
NAMENDA - MISCELLANEOUS	LOVASTATIN - LIPOTROPICS
AVAPRO - OTHER HYPOTENSIVES	BUDEPRION XL - PSYCHOSTIMULANTS-ANTIDEPRESSANTS
ACTONEL - MISCELLANEOUS	DIOVAN HCT - OTHER HYPOTENSIVES
LEVEMIR - DIABETIC THERAPY	METFORMIN HCL ER - DIABETIC THERAPY
LIDODERM - ANESTHETIC LOCAL TOPICAL	TRINESSA - SYSTEMIC CONTRACEPTIVES
YAZ - SYSTEMIC CONTRACEPTIVES	AVALIDE - OTHER HYPOTENSIVES
LOTREL - OTHER HYPOTENSIVES	AMITRIPTYLINE HCL - PSYCHOSTIMULANTS- ANTIDEPRESSANTS
TOPIRAMATE - ANTICONVULSANTS	NAPROXEN - ANTIARTHRITICS
WELCHOL - CHOLESTEROL REDUCERS	CEPHALEXIN - CEPHALOSPORINS
FENTORA - NARCOTIC ANALGESICS	JANUVIA - DIABETIC THERAPY
SYMBICORT - BRONCHIAL DILATORS	ALLOPURINOL - ANTIARTHRITICS
VESICARE - ANTISPASMODIC AND ANTICHOLINERGIC AGENTS	ONE TOUCH ULTRA TEST STRIPS - DIAGNOSTICS
OXYCONTIN - NARCOTIC ANALGESICS	IBUPROFEN - ANTIARTHRITICS
DIOVAN - OTHER HYPOTENSIVES	DIOVAN - OTHER HYPOTENSIVES
TOBI - STREPTOMYCINS	GLYBURIDE-METFORMIN HCL - DIABETIC THERAPY
XYZAL - ANTIHISTAMINES	BENZONATATE - COUGH PREPARATIONS/EXPECTORANTS
NOVOLOG MIX 70-30 - DIABETIC THERAPY	VERAPAMIL HCL - OTHER CARDIOVASCULAR PREPS
CEFDINIR - CEPHALOSPORINS	PROMETHAZINE HCL - ANTIHISTAMINES
TRUVADA - ANTIVIRALS	LANTUS - DIABETIC THERAPY

Q7. What was the total dollar value of the free drugs listed in Attachment B?

A7. **October 1, 2008-September 30, 2009**

<b>Plan Cost:</b>	<b>\$452,484</b>
<b>Member Cost:</b>	<b>\$269,920</b>
<b>Total Cost:</b>	<b>\$722,404</b>

- Q8. Does the Board have preferences or requirements about operating hours, such as specific times of the day or number of operating days per week (M-F? Sat? Sun? Holidays?)
- A8. Proposers should provide what they have found to be most effective. We are looking for alternate hours and days that would be appropriate for school district employees. We are looking for after school hours (evening) and weekend hours.**
- Q9. Please provide a list of the paid Board holidays.
- A9. The link below is to the 2009-10 Polk County, FL School Calendar.**  
<http://www.polk-fl.net/schools/documents/cal2009-10.pdf>
- Q10. Given the two national holidays in November, please consider extending the due date by one week.
- A10. Please note the changes to dates and times below:**

**Anticipated Schedule of Events** (Subject to change as conditions may dictate)

Activity	Date
Notice to Interested Proposers Mailed and On-Line Posting of RFP	10/29/09
Non-Mandatory Pre-Proposal Conference 10:00 A.M.	11/12/09
Deadline for Questions-5:00 P.M.	11/13/09
Release of Official Response to Questions	11/19/09
Proposals Due – 3:00 P.M. Eastern Time	<del>12/1/09</del> <b>12/3/09</b>
Proposal Analysis Prepared and Submitted to Proposers for Verification	<del>12/7/09</del> <b>12/9/09</b>
Deadline for Proposers to Verify Spreadsheet Analysis Accuracy – <b>2:00 P.M.</b>	<del>12/9/09</del> <b>12/10/09</b>
*Selection Committee Review of Analysis and Recommendations – Finance Department Conference Room <del>8:00 A.M.</del> <b>12:00 P.M.</b> until completed	12/11/09
*Finalist Oral Presentations-Finance Department Conference Room 10:00 A.M. until completed	12/15/09
Posting of Award Recommendation (on or about)	12/17/09
Board Action	1/12/10 and 1/26/10
Contract Effective Date	2/1/10

All times stated are Eastern Time.

\*Selection Committee meetings and oral presentations will be posted as a public notice at

<http://www.polk-fl.net/community/doingbusinesswithus/purchasing/evaluationsandnotices.htm>

- Q11. Please provide the solicitation in word format so that the required forms can be completed more readily.
- A11. The RFP document is available as a PDF document only. Any forms contained in the RFP document can be printed and completed manually for submission. Attachments A, B and C are posted on the District's Purchasing webpage in either Word or Excel format for ease of use.**
- Q12. It appears from the wellness program description on the Board's website that the Board provides a Health Risk Assessment to its employees. If it does, what HRA is utilized? Does the Board wish to continue using this HRA and requires the vendor to only provide the biometric screening or should the vendor provide information on its HRA?
- A12. The District currently uses the TRALE document through Blue Cross/Blue Shield of Florida. Proposers should provide information on their HRA and biometric screening capabilities.**
- Q13. Is the HRA that is currently utilized available for spouses of employees?
- A13. It is available but not required.**
- Q14. Will medical services be offered to children and if so, is there an age range?
- A14. The District is seeking recommendations from proposers.**
- Q15. Will the District allow the clinic to provide the medications via the clinic, if economically beneficial to the District, rather than Medco (PBM).
- A15. Yes, clinic prescribed medications may be provided, if financially beneficial, as determined by the District.**
- Q16. Will the medical information be shared 'quid pro quo' from and to the health carrier?
- A16. The District is open to discuss the need for and purpose of data provided to the clinic vendor.**
- Q17. Will the On-Site Medical clinics be located inside existing facilities/structures? Or, is it planned that they will be located in newly constructed buildings or renovated existing buildings?
- A17. This will depend on how you are proposing to provide clinic services.**
- Q18. Will the actual building/structure be owned by The School Board of Polk County and leased to the proposer OR owned/leased directly by the proposer?
- A18. The District has not identified owned facilities that would be conducive to an onsite clinic. The District is seeking input from proposers related to the possible location of the onsite medical clinics. The District is willing to consider acting as lessor on property leased for onsite medical clinics. This will be negotiated with the successful proposer.**
- Q19. How many covered individuals were enrolled for the previous healthcare plans?  
*Inclusive of: employees, spouses, dependents and retirees.*
- A19. Approximately 20,000 members**

- Q20. How many Primary Care Visits were incurred under last years Healthcare plan coverage?  
A20. **See Attachment B of the Request for Proposals.**
- Q21. The solicitation requires the contractor to obtain facilities for two medical clinics. Generally, landlords require a minimum lease period of 3-5 years. In light of the language in Section 7.9 on funding out and termination provisions, how is the Board planning to accommodate the leasing requirements in the contract?  
A21. **See A18 above.**
- Q22. The contractor is responsible for identifying and utilizing a high performance provider and facilities network (Section 2, Scope of Services). Should the contractor identify providers and facilities that are outside the BC/BS network or only identify/utilize participating providers within the network?  
A22. **Proposers should utilize providers within the existing BCBS network.**
- Q23. Are you on a traditional school calendar or do you have year round schools?  
A23. **Traditional calendar.**
- Q24. Would it be the district's position that if the medication can be purchased less expensively through the clinic provider that the district would choose to do that?  
A24. **See A15 above.**
- Q25. There is mention that the District does not intend to process claims for medical services with the health carrier. Is that the same with prescriptions also? Would those actually be claims filed or is Medco setting apart a separate rate that they would not bill the plan for. The District would pay Medco direct for that?  
A25. **We would not anticipate it being an actual claim that is filed with Medco or with Blue Cross/Blue Shield at this point. We would expect the encounter to be reported to Blue Cross and to Medco.**
- Q26. (Section 2.2) Primary Care, a couple of items listed here for comprehensive physical exams, acute, chronic, and description of follow-up for those and even medical care for urgent care conditions, in regard to primary care are you also looking for some of those services to be on the occupational side?  
A26. **Not at this time.**
- Q27. Would it also not be for initial notice of injury or triage for worker's comp?  
A27. **That's correct.**
- Q28. Right now you are using Blue Cross/Blue Shield as your TPA. There will be care that we might provide onsite, specialty care for instance with visiting specialists-are you anticipating claims from those visiting providers/visiting specialists or would that be just part of the payment paid to the vendor?  
A28. **This is unknown at this time. It is anticipated that this will be a topic of further discussion.**

- Q29. ...I do have a request for clarification on the RFP in the below questions contained in the identified sections in red (note for reference: proposer is identifying Section 2, page 7 and page 8, Facilities and Staffing, #1; Cost, #1 and #2; Attachment A Section C #1, 2, and 3.) ...please confirm, are you looking for the vendor to actually secure and lease the site.\*
- A29. See A18 above.**
- Q30. How would you describe your corporate culture and what important characteristics (demographic or otherwise) should we consider in developing a model for your organization?
- A30. The District's health plan demographic is 78.4% female with an average subscriber age 51. 70% of the employees participate in a high deductible health plan. This is a significant cost shift to users of the health plan. The District is looking for quality, lower cost health care options for employees.**
- Q31. A) Is your Medical plan currently self insured, fully insured or funded under a minimum premium arrangement with a bank account? Do you offer CDHP/HSA plans? What type of billing services and capabilities do you want the health center to have?
- A31. The District's medical plan is self-funded. There are three health plan options as specified in the RFP, Attachment D, Schedule of Benefits. See Scope of Services section of the RFP for billing services and capabilities requested.**
- a. Are any primary care services under your current health care programs currently capitated? Are any other services such as specialty care services currently capitated by your health plan provider?
- A31. There is no capitation under either the current health care program or any other services such as specialty care services.**
- Q32. For purposes of configuring a model for your population and for onsite eligibles, should we assume we will be performing Disease Management services or shall we assume we will be channeling claimants to the incumbent Disease Management services provider?
- A32. Blue Cross Blue Shield of Florida provides Disease Management services. It is expected that the clinic vendor will coordinate and follow-up on all identified members with chronic conditions to optimize participation and outcomes.**
- Q33. What is your employee annual turnover rate for 2008? 2009 YTD?
- A33. The turnover rate for 7/1/2007-6/30/2008 was 9.4%; for 7/1/2008-6/30/2009 the turnover rate was 6.4%.**
- Q34. What vendors administer your Short Term Disability/Long Term Disability/FMLA programs? Do you have formal Return To Work policies to guide employee return from disability?
- A34. Standard Insurance Company provides LTD and STD. FMLA is self-administered. No, there are no formal Return to Work policies for short term/long term disability.**

- Q35. A-What is your healthcare data warehousing strategy and do you use a vendor independent from your claims administrator?
- A35. RobinsonBush, the District’s professional benefits consulting firm, warehouses claims data and provides utilization and performance analytics.**
- Q36. Can you provide us with reports detailing the disease prevalence/cost for your population or Disease Management program ROI?
- A36. The District moved its DM program to Blue Cross Blue Shield effective June 2009. ROI data is not available at this time.**
- Q37. What methods do you envision for communicating the Marathon Health program? Do you need marketing/communications help?
- A37. The District is unfamiliar with the Marathon Health program. We are requesting that vendors propose communication methods that have been successful with other employers.**
- Q38. Do you currently provide (or will you consider) incentives/disincentives to employees for participating in health care intervention services, wellness, etc.? What are the current (or contemplated) rewards/incentives/disincentives for the onsite health center?
- A38. See A5 above.**
- Q39. Do you know what the risk profile of your population is? If so, what toolsets do you use and what is the specific risk profile.
- A39. See Attachment B of the Request for Proposals.**
- Q40. Do you have the data you need to document how the program or your service vendor is performing with respect to improving population health status, reducing disease prevalence in your population or achieving other health/condition improvements?
- A40. Yes.**

Q41.

**A41.**

Do your employees currently complete an HRA or participate in biometric screening? Who provides the HRA? Is a PHR generated for the employee as a result?	<b>Yes, the District currently uses the TRALE HRA document provided by BCBSFL. Employees completing the HRA receive a risk profile.</b>
HRA	75 % of population completed
Biometric Screening	In order to complete the HRA, employees complete a biometric screening.
Coaching Program Enrollment	#Identified at-risk-Data not available
DM Program Enrollment	#Engaged- Data not available

- Q42. What is the benefits plan year? What is the organization’s fiscal year?  
**A42. The benefits plan year is January 1 through December 31; the fiscal year is July 1 through June 30.**
- Q43. What is your “per employee per month” (PEPM) medical spend now? PEPM for primary care now?  
**A43. See Attachment B for PMPM medical plan costs. This information is reported per member per month. We do not report based on per employee per month.**
- Q44. For what medical conditions does your current Disease Management program apply? What is the PEPM cost for these services?  
**A44. CHF, Asthma, Diabetes, CAD, COPD. The PEPM cost is not available.**
- Q45. Do you currently have an occupational health center now? Insourced/Outsourced  
**A45. No**
- Q46. Fitness center or child care center on site now? Insourced/outsourced?  
**A46. There are fitness centers that are insourced. There are no child care centers.**
- Q47. Would you prefer that we provide our health intervention services exclusively onsite for your larger location(s) or do you prefer a model which provides circuit rider/telephonic/web-based solutions on an integrated basis for all your employees as a total replacement to your current solution(s)?  
**A47. It is preferred that health intervention services be provided at the onsite clinic locations. Outreach to larger locations may be discussed secondary to operating onsite clinics.**
- Q48. Where are your primary interests in terms of onsite solutions? RANK INTEREST IN ORDER OF IMPORTANCE (#1 MOST IMPORTANT TO LEAST):  
**A48. The District is seeking proposers to respond to the Scope of Services as outlined in the Request for Proposals.**

- \_\_\_\_\_ Onsite primary care
- \_\_\_\_\_ Onsite personalized coaching
- \_\_\_\_\_ Onsite Pharmacy
- \_\_\_\_\_ Onsite Occupational Health
- \_\_\_\_\_ Onsite absence management services
- \_\_\_\_\_ Integrator of multiple vendors/programs
- \_\_\_\_\_ Individually tailored health improvement programs that recognize the unique health history, profile and risks uniquely by patient

- \_\_\_\_\_ Personal Health Record (integrated with HHRA and auto-populated)
- \_\_\_\_\_ Electronic Medical Record (for better clinician interactions)
- \_\_\_\_\_ Risk Identification/stratification services (HHRA, biometrics, data mining)
- \_\_\_\_\_ Health content, ePortal, incentive tracking tools
- \_\_\_\_\_ Employee Communication Services
- \_\_\_\_\_ Executive Dashboard/Performance Reporting
- \_\_\_\_\_ Promoting greater adherence to evidence-based medicine for your population

- Q49. The contract effective date of 2/1/2010 is listed in several places in the RFP. Does the District have a specific date or time frame they would like to see the clinic open?
- A49. The District would like the clinics to be open as soon as possible not to exceed 120 days of the contract effective date.**
- Q50. On Page 6 section 2.1 question # 6. The proposer is to have the capability to accept member co-pays and fees for services rendered. Can you clarify what you mean by for services rendered? Are you expecting any fees to be collected beyond possible co-pays?
- A50. The District is anticipating the proposer to be able to collect a co-pay and/or fee for services. Services rendered would be the office visit and/or services provided within the Scope of Services as outlined in the RFP.**
- Q51. Page 7 Health Management Services question 1. Conduct periodic screenings in areas such as skin cancer, hypertension, vision and hearing. Can you clarify what is expected to be included in these screenings on skin cancer, vision, and hearing? How often would be considered periodic?
- A51. It is anticipated that screening services would be provided at the recommended intervals for age and gender based on nationally recognized screening guidelines.**
- Q52. Page 7 Facilities and Staffing question 1. The proposer is to design, open and operate two clinics in Polk County in locations that are convenient for the District's members. The proposer is to secure all necessary clinic facility and clinic provider licenses. As the clinic usage increases, additional clinics throughout Polk County may be added. Does the School District have any possible available space at District owned property to utilize for the 2 proposed clinics? Can the vendor utilize an existing clinic for one of the locations if dedicated hours are provided for the school district and directions in the RFP followed?
- A52. The District has not identified owned facilities that would be conducive to an onsite clinic. Yes, vendors are permitted to utilize existing locations.**

Q53. Electronic Interface Capabilities on page 7 question 1. The proposer is to utilize electronic medical records that are accessible at all Polk County School Board onsite medical clinics. Can you clarify what you are looking for with this question? For example are you asking that all clinic staff utilize an electronic medical record in the clinic?

**A53. We are asking that all clinic staff utilize electronic medical records.**

Q54. Will the medications that can be provided at a better cost through our wholesale supplier be utilized and passed-through at cost to the District rather than utilizing the prescription drugs under the health plans PBM?

**A54. See A15 above.**

Q55. In that claims information via the clinic is to be sent to the health plan, will the health plan share information back with the clinic provider that relates to patients seen at the clinic?

**A55. See A16 above.**

\*This question is not written exactly as it was received rather it has been provided in a condensed version.