

REQUEST FOR PROPOSAL

TELEMEDICINE SERVICES

The School Board of Walton County, Florida
145 Park Street
DeFuniak Springs, Florida 32435

General information and submittal instructions

1. Walton County School Board ("Board") is seeking proposals for telemedicine services. The Board reserves the right to accept and/or reject any and/or all proposals.
2. Walton County School Board would enroll approximately 1200 members plus all eligible dependents/ spouses in the program.
3. Services will be for the Employee Health Plan Year beginning October 1, 2018.

Submittal instructions

1. RFP closes July 9, 2018 by 11:00 a.m. CT and will open immediately thereafter.
2. To be considered, proposals must be signed and submitted in a sealed envelope marked TELEMEDICINE SERVICES addressed to:

Walton County Human Resources Department; attn. Sonya Alford
145 Park Street, Suite 3
DeFuniak Springs, Florida, 32435

Proposals may be hand-delivered or mailed to the address above. The Board is not responsible for lateness or non-delivery by the U.S. Postal Service or any other courier service. The time and date recorded by the Board shall be the official time of receipt. Late bids will not be considered. Walton County School Board is not responsible for non-delivery or non-receipt of bids.

Contract duration

1. Walton County School Board proposes a one-year contract, renewable for successive years at the Board's option.

2. Costs and services will be evaluated after six months of service in order for the Board to determine the renewal option by 6/30/19.

Proposal requirements

The following is a list of the information to be provided by each proposer, clearly identified by item number and in this order at the beginning of the submission package. Failure to include all information listed below may result in the disqualification of a proposal.

1. Physical business location and mailing address
2. Copy of current business license and/or documents allowing company to perform said work in the state of Florida
3. A detailed list of references using your telemedicine services, including name, company, title, phone number, email, and number of employees served.
4. Cost of monthly premium per employee per month (PEPM)
5. Copay cost. Can the copay be adjusted up or down to provide employer with the desired PEPM cost?
6. Coverage: Who is covered? Is there a limit? Include family provisions.
7. Is there a limited number or usage that affects coverage, benefits, and costs?
8. Is there utilization up cost, or does monthly premium remain the same throughout contract?
9. List all access vehicles for services including phone, email, internet/video, etc.
10. Include detailed implementation plan or strategy. How will you reach employees? Will there be a census or self-enrollment?
11. Does service travel from state to state or across state lines or is it limited to service in Florida only? Does service travel internationally?
12. Is there an early termination fee? If so, what is the cost?
13. Provide credentials of the professionals who provide the telemedicine service.
14. Describe how prescription medications are handled in your treatment plan.
15. Provide the days and hours telemedicine service is available throughout the year.

Certification

By my signature below, I certify that this proposal meets or exceeds the requirements of this RFP.

Authorized signature: _____

Printed name and title: _____

Date: _____ Phone and email: _____

Contact Person

Sonya Alford, Human Resources Director, 145 S Park Street, Suite 3, DeFuniak Springs, FL, 32435; email: alfsonya@walton.k12.fl.us

All questions regarding this request shall be directed in writing, preferably by email to the Human Resources Director. Questions shall be submitted no later than 12:00 noon CT on June 27, 2018. Answers citing the question but not identifying the questioner will be distributed to all known prospective vendors.

Miscellaneous

The Board will not be liable for any cost incurred in the preparation of the proposals.

The submission of a proposal shall be prima facie evidence that the Responder has full knowledge of the scope, nature, quantity of work to be performed as well as the requirements of the specifications and the conditions under which the work is to be performed.

The Responder shall furnish the Board any additional information needed for evaluation and/or clarification purposes.

The Board reserves the right to reject any and all proposals and seek new proposals when it is in the best interests of the Board.

The Board reserves the right to waive any of the conditions or criteria set forth in this RFP.

PUBLIC ENTITY CRIMES AFFIDAVIT

SWORN STATEMENT UNDER SECTION 287.133(3) (A), FLORIDA STATUTES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Walton County School District, Walton County, Florida by _____ (print individual's name and title) for _____ (print name of entity submitting sworn statement) whose business address is _____ and, (if applicable) its Federal Employer Identification Number (FEIN) is _____.

2. I understand that a "public entity crime" as defined in Paragraph 287.133 of the Florida Statutes, means a violation of any state or Federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including but not limited to, any bid or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" is defined by the Statute to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" is defined in Section 287.133(1)(a), Florida Statutes, means:
 - (A) A predecessor or successor of a person convicted of a public entity crime;
OR
 - (B) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person

controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Section 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applied to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (indicate by placing a check in front of the statement which applies):

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in the management of the entity, nor any affiliate of the entity was charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity was charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity was charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there was a subsequent proceeding before a Hearing Officer of the State of Florida Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list (attach a copy of final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY, PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THRESHOLD AMOUNT PROVIDED

IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO, OF ANY CHANGE AFFECTING THE CORRECTNESS OF THE INFORMATION CONTAINED IN THIS SWORN STATEMENT.

(Signature)

(Date)

STATE OF _____
COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____, who is personally known to me or who has produced _____ as identification, and who, after first being sworn by me, affixed his/her signature in the space provided above on this _____ day of _____, 20__.

Signature of Notary Public

(SEAL)
My commission expires:

Name of Notary Public

Serial Number, if any