APPENDIX A – SCOPE OF SERVICES
RFQ 95668 MEDICAL REVIEW OFFICER SERVICES

1. DETAILED SCOPE OF SERVICES

1.1. It is the intent of JEA to contract with one qualified, licensed practitioner meeting the minimum service requirement stated in this specification. The Provider may use other health care organizations to provide services required by the specification.

1.2. It is estimated that JEA will require approximately 1300 substance tests per year. This will include DOT and Non-DOT random tests, periodic, promotional, pre-employment, follow-up, for cause-post-accident, and reasonable belief tests.

1.3. JEA will designate Labor Relations representatives who are authorized to request services. JEA will notify the Provider as soon as possible should a representative be replaced. Operational communication will be addressed via email, fax or phone.

1.4. The Provider shall designate one representative to handle JEA's needs, facilitate communication and ensure quality services. The representative shall become familiar with the testing requirements of JEA. Should the representative be replaced, JEA shall be notified as soon as possible.

1.5. The Provider shall furnish to JEA invoices for services rendered (within 30 days). Each invoice shall be formatted per **Attachment A.** Invoices will be accepted from the primary Provider only. Invoices for services not confirmed by Labor Relations will not be honored.

1.6. The Provider will provide written reports on test results of each person tested. The report shall remain confidential within the parameters or appropriate rules, regulations and laws. Provider must be able to provide all reports via a web-based interface.

a. Negative test results and low creatinine test results shall be submitted to JEA orally or electronically within thirty-six (36) hours of the results being received. If initial response is orally, written results shall be submitted and delivered to JEA within three (3) working days of the initial oral response

b. Positive test results shall be submitted to JEA orally within thirty-six (36) hours of the test results being received or after the individual has been notified of a positive result. Written results shall be submitted and delivered to JEA within three (3) working days of being received or after the individual has been notified of a positive result.

1.7. The Provider shall serve, as requested by JEA, as an expert witness before the Civil Service Board, Arbitrator or court proceeding.

1.8. The Provider shall provide, as requested by JEA, consultative services to JEA regarding drug testing related issues.

1.9. The Provider shall provide, as requested by JEA, training programs on drug testing related subjects.

2. INTERPRETING AND REPORTING LABORATORY RESULTS

2.1. The Provider shall receive, review, interpret and report laboratory results for all drug tests conducted, both positive and negative, from a JEA designated Substance Abuse and Mental Health Services Administration (SAMHSA) certified tester in conformity with Florida Laws and Federal

Regulations. Drug testing is conducted under requirements of the Federal Highway Administration Control Substance & Alcohol Testing Program, JEA collective bargaining agreements and JEA policies and it is estimated that approximately 1300 tests will be performed annually. When results of the initial screening and confirmation test for controlled substances are positive and verified by the Provider, the HHS Guidelines shall be followed for verification and notification of the individual and JEA.

2.2. Collection of samples required for testing of controlled substances not otherwise tested for and alcohol shall only occur under special situations and with authorization from the JEA Representative.

3. MAINTAINING RECORDS AND PROVIDING STATISTICAL ANALYSIS

3.1 The Provider shall have the capacity to receive both hard and electronically transmitted reports from the certified tester, as well as litigation packages. The Provider shall maintain all substance test records and documents as required by JEA and in conformance with local ordinances, state statutes and federal laws. As applicable, the Provider has overall responsibility for compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and providing proof of compliance to the JEA representative on an annual basis. As a result, the Provider is responsible for requesting any changes required by JEA that are necessary to meet HIPAA compliance standards.

3.2 The Provider shall deliver to the JEA Representative, the MRO's report of any negative test results within thirty-six (36) hours after their receipt. MRO reports shall be accessed through a HIPAA compliant web-based interface. Positive results are to be reported within thirty-six (36) hours of verification and notification of the individual. Should a challenge to the safety sensitive program be made, the MRO will not provide results to JEA on that particular individual until authorized to do so.

3.3 The MRO's report shall at least include: Report Date, Collection Date, Donor Name, Donor Identifying Number, Type of Test, Reason for the Test, Collection Site, Laboratory doing the Analysis, Final Determination and Verification of the Results and Type of Drug. The Provider will compile quarterly and annual summary reports on types of tests, number tested and results.

3.4 The provider's Internet interface must be tested for compatibility with JEA systems and approved for use by JEA IT Services. Electronic data shall be managed/retained in accordance with JEA policies and procedures. In the event service is terminated with the Provider, electronic data must be exported in a compatible format and provided to JEA for ongoing electronic data management.

4. PROVIDE BLINDS FOR TESTING OF LABORATORY ACCURACY

As required by rules and regulation, the Provider shall provide blinds to the certified laboratory and cause other audits as needed.

5. SPLIT SAMPLE TESTING

The Provider will provide a process that allows an individual to have his/her split sample tested at a second laboratory. The Provider will insure that proper processes occur to maintain chain-of-custody and that a SAMHSA certified laboratory is used to test the split sample. Upon notification from the JEA representative of the need for a split sample to be tested at the second laboratory, the Provider will initiate the necessary protocol within one (1) working day of notification.

6. CONSULTANT SERVICES

6.1. The Provider may be required to review medical information and records to render opinions on medical necessities and use of prescription drugs.

6.2. The Provider may be required to testify as an expert witness in Civil Service Board hearings and court cases, and as otherwise requested by the JEA Representative.

7. SERVICE REQUIREMENTS

7.1. For Non-DOT testing, evaluation and reporting shall be in accordance with the Department of Health and Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs as amended (59 FR 29908) and applicable union contracts or policies.

7.2. For DOT testing, evaluation and reporting shall be in accordance with the Federal Highway Administration Controlled Substances & Alcohol Use & Testing Program (49 CFR 382).

7.3. The Provider shall be available to provide consultation services within three (3) working days of the requested services.

7.4. The Provider shall be appropriately licensed and qualified as an expert witness, or provide an expert witness for testimony at judicial or administrative proceedings on all services provided.

7.5. The Provider shall submit results orally to JEA within thirty-six (36) hours of the results being received or after the individual has been notified of a positive test; and shall be submitted electronically in writing and delivered to JEA within three (3) working days of being received or after the individual has been notified of a positive result.

ATTACHMENT A

NAME	DONOR IDENTIFIER #	SPECIMEN NO.	TEST TYPE	DATE OF REPORT	TEST RESULT	FEE
Alpha, Joe	5555	102222222	Annual	7/1/14	Negative	$X.XX
Beta, Jean	6666	111111122	DOT Random	7/2/14	Positive	$X.XX
Cart, Bill	8888	311111111	Post - Accident	7/3/14	Low Creatine	$X.XX
3 TESTS						**$XX.XX**

APPENDIX B – BID WORKBOOK
RFQ 95668 MEDICAL REVIEW OFFICER SERVICES

Bidder shall complete the bid form as stated. These rates shall include all profit, taxes, benefits, travel, and all other overhead items. ANY MODIFICATIONS, EXCEPTIONS, OR OBJECTIONS CONTAINED WITHIN THE BID FORM SHALL SUBJECT THE BID TO DISQUALIFICATION.

SERVICE	RATE	ESTIMATED QTY	TOTAL
Drug Screening Results – Negative	_____Per Result	1250	$_____
Drug Screening Results – Positive	_____Per Result	15	$_____
Drug Screening Results – Low Creatinine	_____Per Result	20	$_____
Drug Screening Results – Adulterated	_____Per Result	8	$_____
Drug Screening Results – Second Sample	_____Per Result	6	$_____
Blind Samples	_____Per Audit	8	$_____
Consultation Services	_____Per Hour	16	$_____
Expert Witness Services	_____Per Hour	24	$_____
Training Services	_____Per Hour	8	$_____
		* TOTAL	$_____

***Transfer total to Appendix B – Bid Form.**

Note: It is estimated there will be 1250 negative, 15 positive, 20 low creatinine and 8 adulterated results per year. It is also estimated that there will be 2 hearings per year each requiring 1 hour pre-hearing meetings and 3 hours of attendance for each hearing. It is also estimated that there will be 6 positive second sample test requests.

APPENDIX B – BID FORM
RFQ 95668 MEDICAL REVIEW OFFICER SERVICES
Submit **Bid Form** along with other required documents in an email to:
Sherea Harper (harpsb@jea.com)

Company Name:_____

Company's Address_____

Phone Number _____ FAX No:_____ EMAIL Address:_____

BID SECURITY REQUIREMENTS	TERM OF CONTRACT
[**X**] **None required** [ ] Certified Check or Bond _____% $_____	[**]** One-Time Purchase **[X] Annual Requirements** [ ] Other, Specify

SAMPLE REQUIREMENTS	SECTION 255.05, FLORIDA STATUTES CONTRACT BOND
[X] **None required** [ ] Samples required prior to Bid Opening **[ ]** Samples may be required subsequent to Bid Opening	[X] **None required** [ ] Bond required $_____ _____% of Bid Award

QUANTITIES	INSURANCE REQUIREMENTS
[**X**] **Quantities indicated are exacting** [ ] Quantities indicated reflect the approximate quantities to be purchased throughout Contract period and are subject to fluctuation in accordance with actual requirements	[ ] None required **[X] Insurance required**

Quote the following materials **F.O.B.: Jacksonville, FL**

Item No.	ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES	TOTAL BID PRICE
1	Total Cost for **Medical Review Officer Services (as described in Appendix A – Scope of Services)**	**$ _____** **Total transferred from Appendix B - Workbook**

____ I have read and understood the Sunshine Law/Public Records clauses contained within this solicitation. I understand that in the absence of a redacted copy my proposal will be disclosed to the public "as-is".

Bidder's Certification

By submitting this bid, the bidder certifies that the bidder has read and reviewed all of the documents pertaining to this Request For Quote, that the person signing below is an authorized representative of the Company, that the Company is legally authorized to do business in the State of Florida, and that the Company maintains in active status an appropriate contractor's license for the work. The Bidder also certifies that the Bidder complies with all sections (including but not limited to Conflict Of Interest and Ethics) of this Request For Quote.

We have received addenda

_____ through _____

_____ _____
Handwritten Signature of Authorized Officer of Firm or Agent Date

_____
Printed Name and Title