

COUNTY OF ROCKLAND
Department of General Services
Purchasing Division

Contract Award Notification

Title: **Lab Testing-Pap Smear & HPV DNA Testing Services**

Contract Period: February 1, 2020 through January 31, 2021 with 2 one-year options
Extended through 1/31/2022 w/1 year option ext thru 1/31/2023

Original Date of Issue: February 1, 2020

Date of Revision: 11/16/21

BID No: **RFB-RC-2020-002**

Catalog: **Health & Hospitals**

Authorized Users: County Agencies, All Political Subdivisions

Address Inquiries To:

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Title: Purchaser I
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Description

This contract is to provide Pap Smear & HPV DNA Testing Services

Contract #	Vendor Number	Contractor & Address	Telephone No.
Bid 20-002	0000011929	Center for Disease Detection Box 659509 San Antonio, TX 78265-9509 Contact: Mike Kossman mike.kossman@edmedical.com	210-590-3033 Ext. 11482 FAX:210-590-3121

COUNTY OF ROCKLAND
DGS – PURCHASING DEPARTMENT
BLDG. A, 2ND FLOOR, 50 SANATORIUM ROAD
POMONA, NY 10970
TELEPHONE NO.: 845-364-3820
FAX NO.: 845-364-3809

Bid Award

LINE NO.	DESCRIPTION	ITEM NUMBER	ESTIMATED ANNUAL QTY.	UNIT	TESTING METHOD	CPT CODE(S)	UNIT PRICE	EXTENDED PRICE	VENDOR
1	Pap Smear Test, Gynecologic, Liquid-based Preparation (CPT Code: 88142) , ThinPrep including all cost of sample supplies, pick up of samples and delivery of results as specified in this bid or approved equal	9485500011	1100 Tests	Each	Thin Prep	88142	\$14.00	\$15,400.00	Center for Disease Detection
2	HPV DNA Testing, PCR Method (CPT Code: 87624; 87625), Sampling Including all cost of Sample Supplies, Pick up of Samples and Delivering of results when using PAP Smear Sample for testing and Pathology review for Abnormal Paps. HPV DNA testing shall only be performed when the Department of Health has checked the box: HPVIF ASCUS" (Meaning if the PAP Test comes back ASCUS, Vendor shall automatically go back to the original Pap Smear Sample and Test it for HPV or approved equal	9485500012	650 Tests	Each	PCR	87624; 87625	\$35.00	\$22,750.00	Center for Disease Detection
3	Pathology Review for abnormal results of Pap Smear Test (CPT Code: 88141) in Line Item #1 or approved equal	9485500025	200 Tests	Each	Physician Read	88141	\$4.00	\$800.00	Center for Disease Detection
4	Total Extended Price							\$38,950.00	Center for Disease Detection

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PURCHASES BY OTHER

LOCAL GOVERNMENTS, SCHOOL DISTRICTS, AND NON PROFIT AGENCIES

As per the New York State General Municipal Law, all political subdivisions of New York State are allowed to make purchases through the resulting contract(s). As per Rockland County Procurement Policy, Non Profit Agencies approved to participate in New York State's Contract Extension Program are authorized to make purchases through the resulting contract(s).

1. The County of Rockland shall make all contract award information available to other political subdivisions and non profit agencies through our website: www.rcpurchasing.com
2. Any other political subdivision or Rockland County non profit agency will issue purchase orders directly to vendors within the specified contract period referencing the County's contract and shall be liable for any payments due on such purchase orders; and shall accept sole responsibility for any payment due.
3. All purchases shall be subject to audit and inspection by the other political subdivisions and Rockland County non profit agencies for which the purchase was made.
4. No officer, board or agency of a county, town, village, or school district shall make any purchase through the County when bids have been received for such purchase by such officer, board or agency, unless such purchase may be made upon the same terms, conditions and specifications at a lower price through the County.
5. All Bidders shall be on notice that as a condition of the award of a County contract, the successful bidder shall accept the award of a similar contract with any other political subdivision in New York State and Rockland County non profit agencies authorized to use New York State's contracts, if called upon to do so. A listing of approved Rockland County non profit agencies is available on the Purchasing Division's website at www.rcpurchasing.com. The County, however, will not be responsible for any debts incurred by the participants pursuant to this or any other agreement.
6. Necessary deviations from the County's specifications in the award of a participant contract, whether such deviations relate to quantities, or delivery points shall be resolved between the successful bidder and the other political subdivisions and Rockland County non profit agencies.

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SPECIFICATIONS

1. SCOPE

1.1. This Bid is for the purpose of providing Pap Smear and HPV DNA 16/18/High Risk Testing Services to the County of Rockland and the Rockland County Health Department.

2. REQUIREMENTS

2.1. Bidder shall provide Pap Smear and HPV DNA 16/18/High Risk Testing Services as required by the County of Rockland and the County of Rockland Health Department.

2.2. Bidder shall perform work in conformance with Federal, State and Local Laws and Regulations.

2.3. Bidder and the County of Rockland shall be compliant with all HIPAA regulations.

2.4. Bidder shall provide all collections kits, lab slips and other gathering supplies necessary for pap smear and HPV DNA 16/18/High Risk testing included in the unit cost of the test on the cost proposal page.

2.5. Bidder's lab slip shall contain the following:

2.5.1. Name of the test being performed on sample.

2.5.2. Patient's name, birth date, collection date and clinic code number.

2.6. Bidder shall pick up or schedule pick up of all samples between 6 pm and 7 pm every day, Monday through Friday at the following location:

2.6.1. Bidder shall pick up all samples from the lock box located at the second floor security desk or at the security desk station at 50 Sanatorium Road, Building A, Second Floor, Pomona, NY 10970.

2.6.2. Samples shall be picked up and results delivered.

2.6.2.1. Pricing submitted shall include pick and delivery in the unit cost of the test.

2.7. Bidder shall return results to the Rockland County Health Department at the following location and time period.

2.7.1. Results shall be provided via secure HIPAA compliant internet based service within seven days of pick up.

2.7.2. The contact for these services are as follows:

2.7.2.1. Julie Krauchuk Rockland County Health Department, Family Planning Services, 50 Sanatorium Rd., Building D, Pomona, NY 10970. Phone number is 845-364-2538.

2.8. Successful vendor shall be subject to a three-month evaluation period on both performance and medical results.

2.9. If required, Bidder shall provide a tour of their facility including the laboratory where test shall be performed to the authorized County of Rockland Representative.

2.10. The tour shall be scheduled within five working days of request and shall be conducted during peak working hours.

3. TESTING

3.1. Pap Smear Test: Thin Prep Pap Test method (a liquid based semi-automated)

3.2. HPV DNA 16/18/High Risk

3.3. Bidder shall provide description of their methods for Pap Smear and DNA HPV 16/18/High Risk Testing with their bid.

3.4. Bidder shall provide samples of collection supplies necessary for Pap Smear and DNA HPV 16/18/High Risk Testing and Service for evaluation purposes.

3.5. Any clarifications on the test listed in this bid to be performed should be requested in writing by using the question form.

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4. eClinical Works REQUIREMENTS

- 4.1. Bidder shall be able to provide an interface to eClinicalWorks.
- 4.2. Bidder must be able to support a bi-directional HL7 interface to eClinicalWorks. Receiving orders in HL7 format and sending results to eClinicalWorks in the HL7 format (See Attachment A for HL7 interface requirements which include HL7 Rad Orders Specifications and HL7 Rad Results Specifications provided by eClinicalWorks (some fields identified in these documents are “required fields”, “optional fields” and “not supported fields”).
- 4.3. Bidder must be able to support communication via a Virtual Private Network (VPN).
- 4.4. Awarded Bidder shall work with the County of Rockland Information Technology Services (ITS) Department with the implementation of interface.

5. QUALIFICATIONS

- 5.1. The Bidder shall be licensed by the New York State Department of Health and shall provide a copy of all current licenses with their bid.
- 5.2. The Bidder shall also submit the following with their bid:
 - 5.2.1. List of five references providing similar services, preferably services to Government Health Departments.
 - 5.2.2. Provide information on any State or Federal litigation in the last two years (provide with bid on a separate page).

6. CONTRACT VALUE

- 6.1. The County of Rockland Health Department currently spends an estimated \$40,000 annually for these services.
- 6.2. The value of this contract depends on the quantity of clients the County provides these services. This amount can be greater or less than stated amounts depending on how many clients are provided these services.

7. PAYMENT

- 7.1. The County of Rockland upon submission of properly executed invoices shall pay the vendor, monthly, for all authorized tests.
- 7.2. Bidder shall submit monthly invoices to the County of Rockland Department who submitted samples for testing.
 - 7.2.1. Bidder shall set up separate account numbers for any County of Rockland Department requiring these services.

8. AWARD

- 8.1. Bid shall be awarded in its entirety to the lowest responsible bidder meeting the specifications of this bid.
- 8.2. Quantities listed on this bid submission forms are estimates. Actual quantities required may be greater or less than estimated amounts.