

COUNTY OF ROCKLAND
Department of General Services
Purchasing Division

Contract Award Notification

Title: **Lab Testing-Chlamydia, HPV DNA, Gonorrhea & Herpes Testing**

Contract Period: April 1, 2020 through March 31, 2021 with 2 one-year options
Ext thru 3/31/22 w/1 year option ext thru 3/31/23

Original Date of Issue: April 1, 2020

Date of Revision: 2/14/22

BID No: **RFB-RC-2020-012**

Catalog: **Health & Hospitals**

Authorized Users: County Agencies

Address Inquiries To:

Name: Sabrina Samuels
Title: Purchaser II
Phone: 845-364-3807
Fax: 845-364-3809
E-mail: samuelss@co.rockland.ny.us

Description

This contract is for lab testing of Chlamydia, HPV DNA, Gonorrhea and Herpes.

Contract #	Vendor Number	Contractor & Address	Telephone No.
Bid 20-012	0000011929	Center for Disease Detection Box 659509 San Antonio, TX 78265-9509 Contact: Mike Kossman/ Robert Nelson mike.kossman@cddmedical.com	210-590-3033 Ext. 11482 FAX: 210-590-3121

COUNTY OF ROCKLAND
 DGS – PURCHASING DEPARTMENT
 BLDG. A, 6th FLOOR, 50 SANATORIUM ROAD
 POMONA, NY 10970
 TELEPHONE NO.: 845-364-3820
 FAX NO.: 845-364-3809

LINE NO.	DESCRIPTION	ITEM NUMBER	EST. ANNUAL QTY.	UNIT	TESTING METHOD	CPT CODE(S)	UNIT PRICE	EXTENDED PRICE	AWARD
TO PROVIDE LAB TESTING FOR CHLAMYDIA, HPV DNA, GONORRHEA AND HERPES TESTING									
1	CT/NG Testing, Chlamydia and Gonorrhea Combo, Testing Method: Aptima TMA, CPT Code: 87491, 87591, Including all cost of samples, pickup and results as specified in this bid or approved equal	94855830015	720	Each	NOT RENEWED				
2	Chlamydia Testing using Swabs , NAAT (Amplification) Testing Method: Roche Cobas PCR, CPT Code: 87491, including all cost of sample supplies, pick up of samples and results as specified in this bid or approved equal	94855830007	5	Each	Roche Cobas PCR	87491	\$12.50	\$62.50	Center for Disease Detection
3	Chlamydia Testing, Using Urine Sample, Testing Method: Roche Cobas PCR, CPT Code: 87491, including all cost of sample supplies, pick up of samples and results as specified in this or approved equal	94855830008	100	Each	Roche Cobas PCR	87491	\$12.50	\$1,250.00	Center for Disease Detection
4	Chlamydia Testing, Culture, Trachomatis w/Green Cap V_C_M Collection Tube along with Dacron swab, Testing Method: Culture, CPT Code: 87110, Including All Cost of Sample Supplies, Pickup of Samples and Results as specified in this bid or approved equal	94855830009	2	Each	Culture	87110	\$10.00	\$20.00	Center for Disease Detection

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5	HPV DNA Testing using DNA Probes Testing Method: Roche Cobas PCR, CPT Code: 87624; 87625, including all cost of sample supplies, pick up of samples and results as specified in this bid or approved equal	94855830010	5	Each	Roche Cobas PCR	87624 87625	\$39.00	\$195.00	Center for Disease Detection
6	Gonorrhea Testing using swabs, NAAT (Amplification) Testing for Nesisseria Gonorrhea, Testing Method: Roche Cobas PCR CPT Code: 87591, including all cost of Samples Supplies, Pick Up of Samples and Results when tested with Chlamydia Samples as specified in this bid or approved equal	94855830011	5	Each	Roche Cobas PCR	87,591	\$3.00	\$15.00	Center for Disease Detection
7	Gonorrhea Testing using Urine Samples Testing for Nesisseria Gonorrhea Testing Method: Roche Cobas PCR, CPT Code: 87591, including all costs of Sample Supplies, Pick Up of Samples and Results when tested with Chlamydia Samples as specified in this bid or approved equal	94855830012	100	Each	Roche Cobas PCR	87591	\$3.00	\$300.00	Center for Disease Detection
8	Gonorrhea Testing, Aptima, Throat (NG-TMA-THT) or Rectal (NG-TMA-RCT) Testing, Testing Method: Aptima TMA, CPT Code: 87591, Including All Cost of Sample Supplies, Pick Up Samples and Results as specified in this bid or approved equal	94855830013	15	Each	Aptima TMA	87591	\$35.00	\$525.00	Center for Disease Detection

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LINE NO.	DESCRIPTION	ITEM NUMBER	EST. ANNUAL QTY.	UNIT	TESTING METHOD	CPT CODE(S)	UNIT PRICE	EXTENDED PRICE	AWARD
9	Herpes Testing, Herpes Simplex Type 1 & 2 using Cultures, Testing Method: Culture ELVIS CPT Code: 87255, Including All Cost of Samples, Pick Up and Results as specified in this bid or approved equal	94855830014	35	Each	Culture ELVIS	87255	\$29.00	\$1,015.00	Center for Disease Detection
10	Total Extended Price							\$14,542.50	
11	Total Extended Price Written Out	Fourteen Thousand Five Hundred Forty-Two and 50/100							

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SPECIFICATIONS

1. SCOPE

- 1.1. This bid is for the purpose of providing Laboratory Testing for Chlamydia, HPV DNA, Gonorrhea and Herpes Testing to the County of Rockland and the Rockland County Health Department.

2. REQUIREMENTS

- 2.1. Bidder shall provide all Testing Services as required by the County of Rockland, Rockland County Health Department, Rockland County Correctional Center and any County of Rockland Department needing such services.
 - 2.1.1. Bidder shall provide individual account numbers to any County Department requiring these services.
- 2.2. Bidder shall perform work in conformance with Federal, State and Local laws and regulations.
- 2.3. Bidder shall perform work in conformance with all New York Department of Health and HIPAA regulations.
- 2.4. Bidder shall provide all supplies (DNA Probes, Tubes, Swabs, Etc.), sample containers and lab slips required for testing specified in this bid. Cost of supplies shall be included in cost of testing.
- 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, address, date of birth, collection date & time, and clinic ID number.
- 2.6. Bidder shall pick up all samples to be tested between 6 pm and 7 pm every day, Monday through Friday (except Holidays) at the following location:
 - 2.6.1. Bidder shall pick up samples to be tested from the lock box located at the second-floor security desk at 50 Sanatorium Road, Building A, Pomona, NY 10970.
 - 2.6.2. Bidders shall pick up samples to be tested from the Rockland County Correctional Center, 53 New Hempstead Road, New City, NY 10956.
 - 2.6.3. Bidder shall pick up from any new department locations requiring these services in the County of Rockland when requested.
 - 2.6.4. Samples shall be picked up free of charge.

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- 2.7. Bidder shall return results to the County of Rockland Health Department, Rockland County Correctional Center or any other County Department requiring these services within seven days of pick up.
- 2.7.1. The contact for these services are as follows:
- 2.7.1.1. Jouliana Petranker, Rockland County Correctional Center, 53 New Hempstead Road, New City, NY 10956. Phone number 845-638-5738.
- 2.7.1.2. Maria Souto, STI Clinic, Rockland County Health Department, 50 Sanatorium Road, Building D, Rm 118, Pomona, NY 10970. Phone number is 845-364-2663.
- 2.8. Bidder shall have to work with County to interface with County Departments currently utilizing eClinicalWorks (Department of Health) or CorEMR (Rockland County Correctional Center). Bidder shall interface with County at no cost to the County.
- 2.8.1. See attachment A for interface requirements for eClinicalWorks.
- 2.8.2. Any County Departments requiring these services that are not currently utilizing eClinicalWorks or CorEMR shall communicate through fax or HIPAA compliant internet lockbox.
- 2.8.3. County of Rockland Departments shall have the ability to contact vendor laboratory for any pertinent information.
- 2.9. Successful vendor shall be subject to a three – month evaluation period on both performance and medical results.
- 2.10. If requested, bidder shall provide a tour of his facility including the laboratory where test shall be performed to the authorized County of Rockland Representative.
- 2.10.1. The tour shall be scheduled within five working days of request and shall be conducted at time of day requested by the County of Rockland.

3. eCLINICALWORKS REQUIREMENTS

- 3.1. Bidder shall be able to provide an interface to eClinicalWorks.
- 3.2. 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).
- 3.3. Bidder shall be able to support communication via a Virtual Private Network (VPN).

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- 3.4. Awarded Bidder shall work with the County of Rockland Information Technology Systems (ITS) Department with the implementation of interface.

4. CorEMR (ELECTRONIC HEALTH INFORMATION SYSTEM)

- 4.1. Any Information required for CorEMR Electronic Health Information System can be obtained by contacting Ellery L. Hochman, CPPB at 845-364-2984 or Sabrina Samuels at 845-364-3807.

5. TEST INFORMATION

- 5.1. Any clarifications on the test that need to be performed shall be requested in writing by using the question form in this bid package.

6. QUALIFICATIONS

- 6.1. Bidder shall be licensed by the State of New York and be approved by the County of Rockland. All current licenses shall be included with the submitted bid.
- 6.2. Bidder shall submit the following with their bid:
- 6.2.1. List of a minimum of three references on the reference page provided in this bid package, preferably contracts similar in nature with Government Health Departments.
- 6.2.2. Provide information on any State or Federal litigation within the last two years (provide with bid on a separate page).

7. PAYMENT

- 7.1. The County of Rockland upon submission of properly executed invoices shall pay vendor, monthly, for all authorized tests.

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 the estimated amounts.