



**NORTH HUDSON**  
COMMUNITY ACTION CORPORATION

**REQUEST FOR PROPOSAL**  
**FOR**  
**LABORATORY SERVICES**

**January 2017**

<b><u>RFP TABLE OF CONTENTS</u></b>	<b><u>PAGE</u></b>
<b>I. Introduction and Project Description</b>	<b>3</b>
<b>II. General Conditions</b>	<b>4</b>
<b>III. Locations of Health Center Sites</b>	<b>5</b>
<b>IV. Required Services and Products</b>	<b>7</b>
<b>V. Timelines</b>	<b>9</b>
<b>VI. Specific Requests /Requirements</b>	<b>10</b>
<b>VII. Vendor Agreement and Certification</b>	<b>15</b>
<b>VIII. Evaluation and Submission Instructions</b>	<b>16</b>



## I. INTRODUCTION AND PROJECT DESCRIPTION

North Hudson Community Action Corporation (NHCAC) is a cornerstone of health and human services in New Jersey, serving more than 84,000 low-income residents at eleven locations spread across three counties. An award-winning leader in its field for more than 40 years, NHCAC has played a vital role in creating much-needed services such as ob-gyn and prenatal care, emergency food and shelter, transitional housing, and mental health and addiction services

One of NHCAC's core services is the provision of primary and other health care services to the underserved and uninsured members of several communities within New Jersey. As a Federally Qualified Health Center, NHCAC is committed to its mission of delivering health care to patients without regard to the ability to pay.

NHCAC has been certified by the Joint Commission as a Primary Care Medical Home and is committed to population health management to improve both clinical and financial outcomes.

North Hudson Community Action Corporation is in the process of selecting a Laboratory to service patients from our 11 Health Centers.

The RFP responses will provide NHCAC with proposals to evaluate and select a vendor to provide the required services. This RFP outlines the overall objectives and expectations of the contract and will provide NHCAC with the required information such that NHCAC can make an informed and prudent decision for the acquisition of the services and products described herein.

As a recipient of Federal funds under Section 330 of the Public Health Services Act, NHCAC is required to adhere to all applicable Federal procurement rules and regulations as described in 45 CFR Part 74, and other program expectations of the Federally Qualified Health Center program. Respondents are encouraged to become familiar with any special procurement rules that may affect their response to this RFP.



## II. GENERAL CONDITIONS

By submitting a response to this RFP the Respondent agrees to all of the following:

- A. NHCAC reserves the right to award or cancel this procurement process at any time.
- B. NHCAC is not bound to accept the lowest bid, nor any proposal submitted. A contract for the accepted proposal will be drafted based upon the factors described in this RFP.
- C. Failure to meet the response delivery date may be basis for disqualification of the Respondent proposal.
- D. Respondents are fully responsible for all costs, both direct and indirect, of development and submission of their response to this RFP, including, but not limited to, any supplementary documentation, information, travel, and presentation expenses.
- E. NHCAC will open all proposals and submitters may attend.
- F. NHCAC will maintain sole ownership of responses after submission.
- G. Respondents agree that submission of a proposal warrants acceptance of the above general terms and considerations and guaranteed pricing for one year. Option to extend contract 1 year, 2 year minimum.
- H. The successful applicant may also be required to present additional documentation/or information necessary to determine financial and programmatic capability.

Efforts will be made by NHCAC to utilize small business, women and/or minority owned businesses. An applicant qualifies firm if it meets the definition of “small business” as established by the Small Business Administration (13 CFR § 121.201)



**III. LOCATION OF HEALTH CENTER SITES**

NHCAC consists of 11 community health center sites throughout New Jersey that vary in square footage and layout. The following table lists the location of each NHCAC site that will require vendor/contractor services described in this RFP.

NHCAC Health Center at West New York  
5301 Broadway  
West New York, New Jersey  
(201) 866-9320

NHCAC Health Center at Garfield  
535 Midland Ave  
Garfield, New Jersey  
(973) 340-1182

NHCAC Health Center at Union City  
714-31st Street  
Union City, New Jersey  
(201) 863-7077

NHCAC Health Center at North Bergen  
1116-43rd Street  
North Bergen, New Jersey  
(201) 330-2632

NHCAC Health Center at Jersey City  
324 Palisade Avenue  
Jersey City, New Jersey  
(201) 459-8888

NHCAC Health Center at Passaic  
110 Main Avenue  
Passaic, New Jersey  
(973) 777-0256

NHCAC Health Center at Passaic  
148 8th Street  
Passaic, New Jersey  
(973) 470-3019



NHCAC Health Center at Hackensack  
25 East Salem Street  
Hackensack, New Jersey  
(201) 996-2121

NHCAC Health Center at Union City High School  
2500 Kennedy Blvd.  
Union City, New Jersey  
(201)553-7888

NHCAC Health Center at Englewood  
197 South Van Brunt Street  
Englewood, New Jersey  
(201)537-4442

NHCAC Health Center at Harrison  
326 Harrison Avenue  
Harrison, New Jersey  
862-229-1160

\*Additional site may be added in 2017

THE REMAINDER OF THIS PAGE IS BLANK.



**IV. REQUIRED SERVICES AND PRODUCTS**

NHCAC is seeking the following services and products from one or more vendors\contractors. All work must be performed to state and local codes. Any work that requires licensure or certification must only be performed by qualified individuals. Licenses, certificates or other required documents are to be included in vendor\contractors’ response according to Section VI. Instruction to Vendors contained in this RFP. Selected vendor\contractor is required to obtain all necessary work and\or site permits, inspections and approvals, as necessary.

**Requirement A – Lab Accreditation / Certifications**

<b>Required Accreditation / Certifications</b>
Accredited by the College of American Pathologists (CAP)
CLIA Certified
Certified Phlebotomists (Preferably Bi-Lingual)

\*Phlebotomist is responsible for supplies, must be able to operate within an electronic environment and work in different clinical settings

**Requirement B – Ability to Service wide age Ranges**

<b>Ages</b>
<b>Newborn – 99 Years of Age</b>

**Requirement C – Have the Capability to Service the Minimum of 10 Practice Sites. Days and hours will vary by location (Saturday & Evening Flexibility);**

Site	# of Days
West New York	6
Union City	5-6
North Bergen	1
Union City High School	1
Jersey City	5 -6
Passaic 110	5 (2 Saturdays)
Passaic 8 <sup>th</sup> Street	5
Garfield	5
Hackensack	6
Englewood	5
Harrison	2



**Requirement D – Submit Sample Reports with Proposal**

<b>Sample Reports</b>
Liquid PAP
PAP with HPV
PAP HPV Reflex
Cervical biopsies
Pediatric Sample Reports
Critical ranges for adults and pediatrics
PAP Liquid Based
Reflex HPV ASCU
PAP Image Guided
Gonorrhea Chlamydia HPV ASCU
Chlamydia/GC Amplification

**Requirement E – FQHC Experience. Please list federally qualified health centers with which you have provided services for.**

**Requirement F – Software and HMO’s**

- Software (may have an additional cost) that can provide population analytics and risk stratification to assist in Population Health Management and Quality Reports for NHCAC patients. Please elaborate on specific indicators your software can track and specify if it can be modified to be site/provider specific. Also, provide information on how your software can assist North Hudson in identifying high risk groups and identify gaps in care.
- Kindly provide a list of HMO's in which you are the preferred lab and note if you provide lab data feeds to the plans. Please specify labs and HMO's with which you participate and comment on the benefits of the lab data feeds your organization can provide.





\*\*CONTRACTOR IS RESPONSIBLE FOR ALL MATERIAL NEEDED TO PROVIDE THE REQUIRED SERVICES AND PRODUCTS.

## V. TIMELINES

This process will be guided by the following timeline. All dates are subject to change at the sole discretion of NHCAC.

<u>Milestone</u>	<u>End or Due Date</u>
RFP Issued	January 23 <sup>rd</sup> , 2017
Contractor \Vendor Responses Received by NHCAC Representative	February 6 <sup>th</sup> , 2017
Responses Evaluated including clarifications	February 14 <sup>th</sup> , 2017
Contractor \Vendor Selected	February 14 <sup>th</sup> , 2017
Contract Term 1 year beginning Start Date:	May 1 <sup>st</sup> , 2017

\*Please be advised that everyone who submits a proposal is invited to the opening of proposals at 12:00pm on **Monday, February 6<sup>th</sup>, 2017** in our administrative office located at 800-31<sup>st</sup> Street, Union City, New Jersey 07087.



**IV. SPECIFIC REQUESTS/REQUIREMENTS**

1. **Specific Price Request** – Complete Table as provided below by adding the price of the specific test listed. These are the most commonly ordered tests and would have the greatest impact on our patients. Tests ordered by our providers are not limited to this list.

**Requirement A – Price List**

Test	Price
CBC with differential/platelet	
Urinalysis	
TSH	
Lipid panel	
Comp Metabolic Panel	
Hemoglobin A1c	
Urine Culture	
HIV	
RPR	
Vitamin D, 25 hydroxy	
Hemoglobin Electrophoresis	
Rubella Antibodies, IgG	
Varicella-Zoster Ab, IgG	
Hepatitis B Surface Antigen	
Hep C Antibody	
PAP liquid Based	
PAP HPV	
PAP Reflex HPV	
Cystic Fibrosis Profile Count	
FOBT x3	
Strep Group B Culture/DNA probe	
Lead (pediatric)	
Glucose 1 hour	
Liver Function Test	
Uric Acid	



PSA	
AFP4 screening (quad)	
AFP Triple	
AFP (MSAFP), Open Spina Bifida	
Stool H Pylori	
Ova and Parasites X3	
Throat culture	
Sickle Cell Hgb Solubility	
Vitamin B 12	
ANA Comprehensive Panel	
Rheumatoid Factor	
Basic Metabolic Profile	
AFP, Serum,	
Iron and TIBC	
Sedimentation Rate—ESR	
Ferritin	
AFP, Tetra	
Beta Strept Group A Culture	
Prolactin	
HCG, Beta	
Glucose Tolerance, 3 hours	
Fragile X, DNA Prenatal	
Cystic Fibrosis Profile	
Cholesterol Total	
PT	
PTT	
INR	
Prenatal Panel with and without HBsAg (what does prenatal panel include)	
Hepatitis C antibody	
Gestational Diabetes 1 hour screen	
Stool culture	
FSH, Serum	
LH	
Prolactin	
Amylase, Serum	
HSV1 and 2- specific Ab, IgG	
Blood type and screen	



ABO grouping and RH type	
Measles/Mumps/Rubella Immunity	
H. Pylori Breath Test	
Glucose Tolerance Test	
Testosterone Free and Total	
Bilirubin Total, Neonatal	
Bilirubin Direct Neonatal	
Lyme IgG/IgM Ab	
Cervical Biopsy turnover time and if 4 sections are biopsied do you charge for all 4 or a global fee	
Chlamydia/GC Amplification	
TSH + Free T4	
DHEA-Sulfate	
Pap Image Guided	
Reflex HPV ASCU	
Urine Chlamydia	
Urine Gonorrhea	
Anemia Profile	
HSV 1c2-Specific AbIgG	
HSV Type2-Specific AbIgG	
Chlamydia 1 GC Amplification	
HSV Type1- Specific Ab, IgG	

THE REMAINDER OF THIS PAGE IS BLANK. SECTION VI IS CONTINUED ON THE NEXT PAGE.



**Requirement B – Provide Explanations of Protocols or Policies**

<b>Request</b>	<b>Protocol / Policy</b>
What is your protocol for stat labs?	
Stat lab turnover time?	
Critical Results protocol?	
Offices pick up policy?	
Procedure for collection of fees for service?	
What is your in house quality control program?	
How do you handle specimens for patients that are Medicaid pending?	
What is the cost to repeat a unsatisfactory PAP or lab test?	
What is you phlebotomy fee?	
Do you have the ability to do future orders?	

**Requirement C – Provide list or attach all Insurances/HMO’s the lab is Par with**

<b>List all Insurances</b>

\*If not On-Par what is the procedure?



---

**IT Requirements**

<b>Requirements</b>
Bi-Directional Interface
HL7 Compliant
Compatibility with E-Clinical
Ability to connect remotely to our server
Be familiar with Version 9 eCW
24/7 IT Support
EDI, VPN Network built into our System
<b>Request</b>
Pay for Interface
Supply implementation team
Provide Escalation List
Furnish office supplies, printers, computers for phlebotomist



**VII. VENDOR AGREEMENT AND CERTIFICATION**

By signing below, the vendor representative expressly certifies and warrants that all information that has been provided in this RFP response is accurate. The individual further acknowledges that all services and products described in this RFP response is immediately available and warrants that the vendor is able to deliver, install and complete all expected services within the required timeframes.

Furthermore, if it appears or becomes known that information provided in this RFP response is not true, or there are products or services that NHCAC has been assured it would receive but do not exist, or there will be additional charges not included in the proposal, then NHCAC reserves the right to terminate all discussions, negotiations, and/or implementation with an immediate and full refund of any fees paid by NHCAC.

All signatories to this document agree and warrant that they have made no changes or altered this RFP in any way, and are authorized to make all commitments set forth in this RFP response. Representatives signing below also agree that all responses to this RFP, and any documentation submitted, may be referenced in any final purchase agreement or contract between NHCAC and the vendor as an addendum and become legally binding.

**Our response is for the following services and products described in the NHCAC RFP dated January 2017.**

Company \_\_\_\_\_  
Name of Company

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_



---

## VIII. EVALUATION AND SUBMISSION INSTRUCTIONS

NHCAC will convene a selection group to review the proposals and information received in response to this RFP. During this review process, additional information may be required of the respondent/vendor and some respondents will be invited to NHCAC in order to clarify any responses and further discuss the vendor's offer. All contact and any questions between respondent and NHCAC should be routed through the NHCAC point of contact (contact information below). NHCAC expects completion of the evaluation process and identifying its contractor choice for the required services within the timeframes outlined in Section V. above.

Responses will be evaluated based on price and experience.

All responses should be sent to the Point of Contact by the Due Date.

### NHCAC Point of Contact

Joan M. Quigley  
President/CEO  
**North Hudson Community Action Corporation**  
800-31<sup>st</sup> Street  
Union City, New Jersey 07087  
E-mail: joan.quigley@nhcac.org  
Telephone: 201-210-0100  
Facsimile: 201-223-0306

Proposals should be provided in both electronic and hardcopy formats by the Due Date. Please place three (3) copies of your RFP in a sealed envelope and clearly label in the lower left corner "Proposal for Laboratory Services." Include 3 references.

Late proposals will not be accepted.

Thank you for your interest in North Hudson Community Action Corporation.

