

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

MANDATORY USE CONTRACT FOR: HUMAN DIAGNOSTIC LABORATORY SERVICES FOR SEXUALLY TRANSMITTED DISEASES AND HUMAN IMMUNODEFICIENCY VIRUS

CONTRACT No.: OT00908334

EFFECTIVE DATES: 04/01/14 to 03/31/17

*Renewal through 03/31/2018

The Department of Administrative Services has accepted bids submitted in response to Invitation to Bid No. OT00908334 that opened on 03/21/14. The evaluation of the bid response(s) has been completed. The bidder(s) listed herein have been determined to be the lowest responsive and responsible bidder(s) and have been awarded a contract for the items(s) listed. The respective bid response, including [the Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions](#), special contract terms & conditions, any bid addenda, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Requirements Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to THE OHIO DEPARTMENT OF HEALTH, HIV/STD PREVENTION PROGRAM, 246 N. HIGH ST. COLUMBUS, OH 43215, as applicable.

Agencies are eligible to make purchases of the listed supplies and/or services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that agencies will purchase the volume of supplies and/or services as advertised in the Invitation to Bid.

SPECIAL NOTE: State agencies may make purchases under this Requirements Contract up to \$2500.00 using the state of Ohio payment card. Any purchase that exceeds \$2500.00 will be made using the official state of Ohio purchase order (ADM-0523). Any non-state agency, institution of higher education or Cooperative Purchasing member will use forms applicable to their respective agency.

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

<http://www.ohio.gov/procure>

Signed: _____
Robert Blair, Director Date

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SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

DELIVERY AND ACCEPTANCE: Services will be performed as set forth in the Contract and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The location of performance will be noted on the purchase order issued by the participating agency/institution. Payment for services rendered will occur upon the inspection and written confirmation by the ordering agency that the services provided conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, payment shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

HIPAA: As a condition of receiving a contract from the State, the Contractor and any subcontractor(s), will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and regulations at 45 C.F.R. Section Parts 160, 162, and 164 [relating to privacy and security] regarding disclosure and safeguarding of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the American Recovery and Reinvestment Act of 2009. Contractor agrees to comply with all requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) applicable to it as a Covered Entity and/or a Business Associate. In the event of a material breach of Contractor's obligations under this section, the State Department of Administrative Services may terminate the Contract according to provisions for Contract termination.

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, the state will award based on the low lot total. Low lot total will be determined by multiplying the unit cost by the estimated usage listed in the bid and then adding each of the totals together to arrive at a total for all items. If the estimated annual usage is unknown a quantity of one (1) will be used, for calculation purposes only. Failure to bid all items may result in the bidder being deemed not responsive.

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by low lot total. Failure to bid all items may result in the bidder being deemed not responsive.

FIXED-PRICE WITH ECONOMIC ADJUSTMENT: The contract prices(s) will remain firm for the first twelve (12) months duration of the contract. Thereafter, the Contractor may submit a request to increase their price(s) to be effective thirty (30) calendar days after acceptance by DAS. No price adjustment will be permitted prior to the effective date of the increase received by the Contractor from his suppliers, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment. If the Contractor receives orders requiring quarterly delivery, the increase will apply to all deliveries made after the effective date of the price increase.

The price increase must be supported by a general price increase in the cost of the finished supplies, due to increases in the cost of raw materials, labor, freight, Workers' Compensation and/or Unemployment Insurance, etc.

Detailed documentation, to include a comparison list of the contract items and proposed price increases, must be submitted to support the requested increase. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding increase, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the increase in such areas as raw materials, freight, fuel or labor, etc.

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the contract pricing will be returned to the pricing in effect prior to the temporary decrease. For quarterly deliveries, any decrease will be applied to deliveries made after the effective date of the decrease. Failure to comply with this provision will be considered as a default and will be subject to Provision I.C. "Termination/Suspension" and Provision II. of the "Contract Remedies:" of the "Standard Contract Terms and Conditions".

REFERENCES AND EXPERIENCE: To be considered responsive the bidder must, at the time of bid submission, be an established business with all required licenses, bonds, facilities, equipment and trained personnel necessary to perform the work in this bid.

SPECIAL CONTRACT TERMS AND CONDITIONS cont'd

Each bidder is to submit, with its bid, a listing of three (3) references documenting experience in providing Human Diagnostic Laboratory Services, in accordance with state and federal standards and guidelines, within the previous five (5) years. Also, in its bid, the bidder must demonstrate it has provided, within the last five (5) years, similar services to other customers of the size and scope of this work. Name, address, telephone number and contact person for each reference and prior customer must be included. If not included as part of their bid response, the bidder will be required to provide this documentation within five (5) calendar days after notification. Failure to provide the documentation within five (5) calendar days after notification will result in the bidder being deemed not responsive.

LICENSE: Each bidder must supply all necessary documentation for all State and Federal Licenses to include copies of current CLIA (Clinical Laboratory Improvement Act) license and current CAP (College of American Pathologist) Accreditation in good standing and maintain for the duration of this contract. All subcontractors and independent laboratories must be properly licensed. Failure of contractor's subcontractors and independent laboratories to maintain compliance will be the responsibility of the contractor.

The Contractor shall provide copies of current Ohio licenses, with no restrictions or limitations, with the bid submission. If the licenses are not provided with the bid submission the bidder will have five (5) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within five (5) calendar days may deem your bid not responsive.

The Contractor must maintain all licenses throughout the term of this contract and any renewals. At the request of a State Agency, a copy shall be provided within five (5) calendar days. Failure to maintain and provide copies of license(s) when requested may result in cancellation of the Contract.

SPECIFICATIONS FOR LABORATORY SERVICES

I. OVERVIEW AND BACKGROUND

The State seeks a contractor to provide Human Diagnostic Laboratory Testing to detect *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infection among high-risk women and their partners attending selected health clinics as part of the Ohio STD Screening Project. Testing for syphilis and human immunodeficiency virus (HIV), will also be included on an as-needed basis for the Ohio Department of Health (DOH). Refer to Exhibit A for list of locations and contact information.

The mission of the Bureau of HIV/AIDS, STD & TB (BHST) is to enhance the surveillance of HIV, STDs, and TB and advance the prevention and control of HIV, STDs, TB and hepatitis in Ohio. The Bureau achieves this mission through the successful integration of program activities, including surveillance, case management, partner notification for STDs and HIV, STD screening services, education, quality assurance, and evaluation.

II. DEFINITIONS

A. Definitions.

1. CPR - Cost per Reportable Test
2. Terms used, but not otherwise defined, in this document shall have the same meaning as those terms in 45 Code of Federal Regulations ("CFR") §§ 160.103, 164.402, and 164.501.
 - a) HIPAA. The use of the term "HIPAA" shall mean the Health Insurance Portability Act of 1996, and all of the implementing regulations of that statute, including Part 160 and 164 of Title 45 of the CFR.
 - b) Individual. The use of the term "Individual" in this Exhibit A shall have the same meaning as the term "individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
 - c) Privacy Rule. The Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
 - d) Security Rule. The Standards for Security of Individually Identifiable Health Information at 45 CFR parts 160 and 162 and part 164, subparts A and C.
 - e) Information. The use of the term "Information" in this Exhibit A shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, limited to the information created or received by Contractor from or on behalf of the State.
 - f) Required By Law. The use of the term "required by law" in this Exhibit A shall have the same meaning as the term "required by law" in 45 CFR § 164.103.
 - g) Breach. The use of the term "Breach" in this Exhibit A shall have the same meaning as the term "breach" in 45 CFR § 164.402.
 - h) Unsecured Information. The use of the term "Unsecured Information" in this Exhibit A shall have the same meaning as the term "unsecured protected health information" in 45 CFR § 164.402.
 - i) HHS - The U.S. Department of Health and Human Services or its designee.
 - j) Disclose. The release, transfer or provision of access to Information, whether oral or recorded in any form or medium.
 - k) Use - The sharing, employment, application, utilization, examination, or analysis, in any form or medium, of Information within the Contractor's organization.

III. CONTRACTOR REQUIREMENTS

A. Qualifications of the Contractor and/or Subcontractor:

1. Be licensed in the United States to perform bacteriology testing for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, syphilis and HIV.
2. Maintain Clinical Laboratory Improvement Amendments (CLIA) certification and current CAP (College of American Pathologist) Accreditation in good standing for the duration of this contract. (If testing is performed within Ohio state limits, a CMS-116 form to apply for a CLIA certificate is a requirement. If, the testing is done outside of Ohio, the state in which the testing is performed is what is considered.)

SPECIFICATIONS FOR LABORATORY SERVICES cont'd

B. Price Schedule:

1. Price Schedule contains a listing of tests and volumes performed for the using agency in calendar year 2012. Prices for all services contained in Scope of Services, unless otherwise noted, shall be price based on standard laboratory CPR (Cost per Reportable) test prices.

C. Billing:

1. Each month the Contractor must submit a single detailed invoice, subtotaled by facility, to the DOH. Invoices must be submitted electronically via EDI.
2. The contractor will verify Medicaid eligibility unless otherwise requested.

D. Additional Requirements:

1. Laboratory results performed by a subcontractor or independent laboratory are to be priced and interfaced to the using agency through the awarded contractor.
2. The awarded Contractor shall remove all waste generated by this service.
3. The DOH reserves the right to modify or delete its facility locations with thirty (30) day notice, without additional cost or expense to the agency by the Contractor.
4. All contracted staff shall abide by Agency policies, procedures, rules and regulations.

IV. SCOPE OF SERVICES

A. Core Service Requirements are the minimum requirements that are requested by the Ohio Department of Health to provide basic Human Diagnostic Laboratory Services.

1. Services shall include timely pick-up and delivery of specimens for all using agencies, Monday through Friday excluding ten (10) state holidays. Using agencies will establish pickup and drop off times at each respective facility. Pickup and delivery to be included in the CPR test unit price. An average of (3) three pickups, per site per week.
2. The Contractor is to provide accurate reporting to ordering facility within a maximum of two (2) working days for all tests.
3. Contractor must have policies and procedures in place when a sample is lost or otherwise mishandled by staff or courier. Bidder to supply a copy of their current policy and procedures with its bid. If the bidder's policies and procedures are not provided with the bid submission the bidder will have five (5) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within five (5) calendar days may deem your bid not responsive.
4. Contractor shall provide all necessary supplies and equipment to perform necessary services to include but not limited to:
 - a. Furnishing and delivery of all supplies for specimen collection, including any administration supplies and transportation material.
 - b. All test results, both positive and negative, to submitting clinics within two (2) working days from specimen receipt via currently acceptable reporting practices.
 - c. Positive test results to the DOH within five (5) working days after obtaining a positive test result, according to Ohio Administrative Code 3701-3.
 - d. Coordinate with the DOH Information Technology staff to report laboratory data electronically via the Electronic Laboratory Reporting system using accepted industry format standard (e.g., HL7).
5. The Contractor shall have back up procedures to deliver reports in a timely manner by other means, such as hard copies delivered when specimens are picked up, should the primary method for reporting fail.
6. Contractor will be responsible for training of all using agencies necessary medical personnel on contractor's policies and procedures.

* Indicates the approval of Medicaid eligibility review.

SPECIFICATIONS FOR LABORATORY SERVICES cont'd

7. Develop an electronic laboratory information system for collecting the necessary demographic, clinical, and laboratory data on each laboratory specimen as noted in Ohio Administrative Code 3701-3 and according to program requirements.
8. Contractor will provide bi-directional interface, contractor's expense, to DOH Ohio Disease Reporting System (ODRS), as well as provide secure on-line access for staff to obtain lab testing results electronically.
9. Contractor, at contractor's expense, shall provide the necessary programming, testing, training, etc. resources to develop, test, and implement the listed interfaces listed above. Testing shall include both unit testing of each lab order, resulting, and charging for each facility implemented, as well as the execution of regression test scripts as part of integrated testing. Implementation shall include any needed data conversions.
10. Laboratory testing will include:
 - a. Chlamydia and Gonorrhea Nucleic Acid Amplification Tests (NAAT) – cervical, urethral, vaginal, and urine specimen types
 - b. Syphilis EIA
 - c. Rapid Plasma Reagin (RPR)
 - d. Treponema Pallidum Particle Agglutination (TP-PA)
 - e. HIV Western Blot
 - f. GC Culture
 - g. GC Culture Identification
 - h. GC Antibiotic Susceptibilities
 - i. Hepatitis C Antibody
 - j. Hepatitis C Viral RNA, Quantitative, Real-Time PCR
11. Contractor shall supply a listing of test services and explanatory guide for both in-house testing and send out routine testing (both clinical and anatomic). The listing shall be an alphabetical listing of procedures with corresponding test codes. The listing shall include profile/panel breakdowns, methodologies, reference ranges and panic/critical values. The listing shall be distributed in sufficient quantities to meet the need of the facilities. Any update to the listing shall be communicated and distributed in a timely manner to all agency locations.
12. The Contractor shall have procedures for reporting 'panic' or very abnormal results that exceed predefined criteria established by the department. All critical results must be called to the customers immediately after testing performed and verified.
13. Contractor shall notify the DOH and the appropriate using agency provider when an unacceptable routine clinical or anatomic specimen is received. Notification shall be made within 24 hours of discovery of the unacceptable nature of the routine specimen.
14. Bidder to supply a copy of their routine specimen retention schedule for storing all specimen types including whole blood, pathology specimens, urines, serum, plasma, fluids etc. for possible request for repeats with its bid.
15. Contractor shall repeat testing upon request. When using agency providers believe that reported results do not correlate with the clinical status of the patient, the Contractor shall repeat the specimen testing within 24 hours of request at no further charge to customer. If repeat testing does not resolve the conflict, the Contractor shall submit the specimen to a mutually agreeable "outside" facility at the agency's expense.
16. The Contractor shall provide toll free customer service and timely responses to questions and concerns.
17. Contractor's laboratory director and personnel shall provide consultation regarding receipt, performance results, and methodological/clinical interpretation of laboratory test results.
18. The Contractor shall provide the following deliverables to DOH:
 - a. Quarterly report of testing volume by clinic site, turnaround time by clinic site, and clinic-specific data on number of specimens rejected and reasons for rejection to the DOH, due fifteen (15) days after quarter end, and
 - b. Weekly report to the DOH STD for specified sites of the line-listed chlamydia and gonorrhea only data (positive, negative and unsatisfactory results) from the electronic laboratory information system in a specified file format (Exhibit B) and file type (.txt) due the Monday morning following the previous week.

EXHIBIT A
FACILITY NAMES AND LOCATIONS

Site Name	Contact	Phone	Address	City	Zip	Email
Aiken College and Career High School	Lauren Thamann-Raines	(513) 357-2809	5641 Belmont Avenue	Cincinnati	45224	lauren.thamann-raines@cincinnati-oh.gov
Allen County Court of Common Pleas / Juvenile Division	Jean McGuire	(419) 998-5287	1000 Wardhill Ave. P.O. Box 419	Lima	45805	jmcguire@allencountyohio.com
Allen County Health Department	Becky Dersham	(419) 228-4457	219 East Market St.	Lima	45802	bdershem@allenhealthdept.org
Alliance City Health Department	Sharon Andreani	(330) 821-7373 x 13	537 East Market St.	Alliance	44601	sandreani@alliancecityhealth.org
Belmont County Health District	Sharon Rice	(740) 695-1202 x 13	68501 Bannock Road	St. Clairsville	43950	srice@belmontcountyhealth.org
Cambridge-Guernsey County Health Department Family Planning	Angela Gray	(740) 439-3577 x 235	326 Highland Ave.	Cambridge	43725	angela.gray@odh.ohio.gov
Central State University Student Health Center	Terri Huff	(937) 376-6077	1400 Brush Row Rd., PO Box 1004	Wilberforce	45384	thuff@centralstate.edu
City of Cleveland Division of Health / Thomas J. McCafferty Health Ctr.	Neil Conway	(216) 664-6461	4242 Lorain Ave.	Cleveland	44113	nconway@city.cleveland.oh.us
City of Cleveland Division of Health / J. Glenn Smith Health Center	Neil Conway	(216) 664-6461	11100 St. Clair Ave.	Cleveland	44108	nconway@city.cleveland.oh.us
Clark County Health District	Becky Bonerigo	(937) 390-5600 x 270	529 East Home Rd.	Springfield	45503	bbonerigo@ccchd.com
Crawford County General Health District	Cynda Brause	(419) 562-5871 x 1204	1520 Isaac Beal Rd.	Bucyrus	44820	nursing@crawford-co.org
Cuyahoga County Board of Health-Family Planning	Cindy Modie	(216) 201-2001 x 1310	5550 Venture Dr.	Parma	44130	cmodie@ccbh.net
Cuyahoga County Juvenile Court	Mary Beth Corrigan	(216) 443-3311	9300 Quincy Ave, Room M609	Cleveland	44115	mhmbc@cuyahogacounty.us
Erie County Health Department	Shari Greene	(419) 626-5623 x 132	420 Superior St.	Sandusky	44870	sgreene@eriecohealthohio.org
Ernst J. Bever Community Health Center	Beth Fitzgerald	(513) 892-1888 x 1010	210 South Second Street	Hamilton	45011	bfitzgerald@myprimaryhealthsolutions.org
Family Planning Assoc. of Painesville	Dianne Rafferty	(440) 352-0608	54 South State St.	Painesville	44077	d.r@fpaneo.org
Family Planning Association of Ashtabula	Dianne Rafferty	(440) 352-0608	510 W. 44th St, Suite 2	Ashtabula	44004	d.r@fpaneo.org

Site Name	Contact	Email	Phone	Address	City	Zip Code
Family Planning of Lorain County / Elyria	Sue Lottman	(440) 322-7526	602 Leona Street	Elyria	44035	fpsma@aol.com
Franklin County Juvenile Court	Ashura Crosby	(614) 525-4152	399 South Front Street	Columbus	43215	ashura_crosby@fccourts.org
Free Medical Clinic	Brenda Boyd	(216) 707-3454	12201 Euclid Ave.	Cleveland	44106	b_boyd@thefreeclinic.org
Greene County Health Department	Susie Brooks	(937) 374-5653	360 Wilson Dr.	Xenia	45385	dbrooks@gcchd.org
Hamilton County Juvenile Court	Louise Watts	(513) 946-2629	2020 Auburn Avenue	Cincinnati	45219-3025	LWatts@juvcourt.hamilton-co.org
Harrison Co Health Department	Teresa Pecar	(740) 942-2612	538 N. Main St., Suite G	Gadiz	43907	Teresa.pecar@odh.ohio.gov
Highland Co Community Action Organization-Clinton Co Family Planning	Ada Amburgey	(937) 393-3060	62 E. Sugartree St.	Wilmington	45177	adaamburgeyrn@yahoo.com
Highland Co Community Action Organization-Family Health Services	Ada Amburgey	(937) 393-3060	1487 N. High St. Suite 500	Hillsboro	45133	adaamburgeyrn@yahoo.com
Highland Co Community Action Organization-Greenfield Outreach	Ada Amburgey	(937) 393-3060	348 South St.	Greenfield	45123	adaamburgeyrn@yahoo.com
Hocking County Health Department	Kelly Taulbee	(740) 385-3030 x 252	350 St. Rt. 664 N	Logan	43138	ktaulbee@gmail.com
Huron County Health Department	Chris Cherry	(419) 668-1652	180 Milan Ave.	Norwalk	44857	ccherry@huroncohealth.com
Lawrence County Health Department Integrated Clinic	Georgia Dillon	(740) 532-3962	2122 South 8 th Street	Ironton	45638	Georgia.dillon@odh.ohio.gov
Licking County Health Department	Mary Beth Hagstad	(740) 349-6685	675 Price Road	Newark	43055	mhagstad@lickingcohealth.org
Lorain County Health & Dentistry / Broadway	Robyn Miklovich	(440) 240-1655	1205 Broadway Ave	Lorain	44052	Robyn.Miklovich@lorainhealth-dentistry.org
Lorain County Health & Dentistry / Grove	Robyn Miklovich	(440) 240-1655	3745 Grove Ave.	Lorain	44055	Robyn.Miklovich@lorainhealth-dentistry.org
Lucas County Adolescent & Young Adult Health Services	Nancy Pahl	(419) 724-6888	3454 Oak Alley Court Suite 210	Toledo	43606	npahl@buckeye-express.com
Lucas County Health Dept.	David Grossman,MD	(419) 213-4018	635 North Erie St.	Toledo	43604	grossmad@co.lucas.oh.us

Site Name	Contact	Email	Phone	Address	City	Zip Code
Lucas County Juvenile Detention Center	Nancy Pahl	(419) 213-6766	1801 Spielbusch	Toledo	43604	npahl@buckeye-express.com
Lucas County Youth Treatment Center	Nancy Pahl	(419) 213-6183	225 11 th Street	Toledo	43604	npahl@buckeye-express.com
Mansfield Richland Health District	Loretta Cornell	(419) 774-4500	555 Lexington	Mansfield	44907	LCornell@richlandhealth.org
Medina County Health Department	Lisa Strebler	(330) 662-9692	4800 Ledgewood Dr.	Medina	44256	lstrebler@medinahealth.org
Middletown Social and Health Center	Connie Mulligan	(513) 425-8305 x 1518	1036 S. Verity Pkwy.	Middletown	45044	conniem@myprimaryhealthsolutions.org
Montgomery County Combined Health District / STD	Linda Romeo	(937) 224-8664	117 South Main St.	Dayton	45422	LRomeo@phdmc.org
Montgomery County Jail	Linda Romeo	(937) 224-8662	330 W. 2nd St.	Dayton	45422	LRomeo@phdmc.org
Montgomery County Juvenile Center for Adolescent Services	Linda Romeo	(937) 224-8662	333 Access Rd	New Lebanon	45345	LRomeo@phdmc.org
Montgomery County Juvenile Court	Linda Romeo	(937) 224-8662	380 West 2 nd Street	Dayton	45422	LRomeo@phdmc.org
Nicholas Residential Treatment Center	Linda Romeo	(937) 224-8662	5581 Liberty Rd.	Dayton	45417	LRomeo@phdmc.org
Ohio University Student Health Clinic	Amanda Fox	(740) 593-4730	Campus Care, 2 Health Center Dr.	Athens	45701	afox@uma-inc.org
Ottawa County Health Department	Nancy Osborn	(419) 734-6800	1856 East Perry St.	Port Clinton	43452	nosborn@cros.net
Oyler Community Learning Ctr - Cincinnati HD School & Adolescent Hlth	Lauren Thamann-Raines	(513) 357-2809	2121 Hatmaker St.	Cincinnati	45204	lauren.thamann-raines@cincinnati-oh.gov
Planned Parenthood of Greater Ohio / East	Sarah Courtney	(614) 358-8744	3255 East Main Street	Columbus	43213	sarah.courtney@ppcoh.org
Planned Parenthood of Greater Ohio / Franklinton	Jeannine Dzuban	(614) 222-3525	1511 West Broad St.	Columbus	43222	dzubani@ppcoh.org
Planned Parenthood of Greater Ohio / Akron	Harriet Schaefer	(330) 535-2674	444 West Exchange Street	Akron	44302	harriet.schaefer@ppoh.org
Planned Parenthood of Greater Ohio / Athens	Candy Henderly	(740) 593-6979	1005 E. State St., Suite W	Athens	45701	candy.henderly@ppoh.org
Planned Parenthood of Greater Ohio / Bedford	Denise Collins	(440) 232-8381 x 7103	25350 Rockside Road	Bedford Hts	44146	d.collins@ppneo.org

Site Name	Contact	Email	Phone	Address	City	Zip Code
Planned Parenthood of Greater Ohio / Canton	Debbie Rosier	(330) 456-7191 x 1305	2663 Cleveland Ave., NW	Canton	44709	D.Rosier-Traugh@ppneo.org
Planned Parenthood of Greater Ohio / Cortland	Elizabeth Bowen	(330) 399-5104 x 1302	2668 Elm Road, Bldg C	Cortland	44410	elizabeth.bowen@ppoh.org
Planned Parenthood of Greater Ohio / Jefferson Ave.	Rebecca Boone	(419) 255-1115 x 3417	1301 Jefferson Ave.	Toledo	43604	rebecca.boone@ppoh.org
Planned Parenthood of Greater Ohio / Kent	Kristi Brown	(330) 678-8011 x 1302	138 East Main Street	Kent	44240	k.brown@ppneo.org
Planned Parenthood of Greater Ohio / Lorain	Laura Lowe	(440) 242-2087 x 8210	200 West 9 th Street	Lorain	44052	L.Lowe@ppneo.org
Planned Parenthood of Greater Ohio / Mansfield	Tricia Malko	(419) 525-3075	384 Park Ave.	Mansfield	44906	t.malko@ppneo.org
Planned Parenthood of Greater Ohio / North	Jeannine Dzuban	(614) 222-3525	18 East 17 th Avenue	Columbus	43201	dzubanj@ppcoh.org
Planned Parenthood of Greater Ohio / Old Brooklyn Ctr.	Getchen Tepper	(216) 661-1545 x 3204	3311 Broadview Rd.	Cleveland	44109	gretchen.tepper@ppoh.org
Planned Parenthood of Greater Ohio / Rocky River	Velvet Bratt	440-331-8744 x 5106	20800 Center Ridge Road Suite 101	Rocky River	44116	v.bratt@ppneo.org
Planned Parenthood of Greater Ohio / Youngstown	Elizabeth Bowen	(330) 399-5104 x 1302	77 East Midlothian Blvd.	Youngstown	44507	elizabeth.bowen@ppoh.org
Planned Parenthood of Greater Ohio/Cleveland Health Center	Marina Mikals	(216) 851-8108 x 4206	7997 Euclid Avenue	Cleveland	44103	m.mikals@ppneo.org
Planned Parenthood of Southwest Ohio / Campbell Medical	Kelli Halter	513-824-7840	2314 Auburn Avenue	Cincinnati	45219	khalter@ppsw.org
Planned Parenthood of Southwest Ohio / Dayton	Kelli Halter	513-824-7840	224 North Wilkinson Street	Dayton	45402	khalter@ppsw.org
Planned Parenthood of Southwest Ohio / Springdale	Kelli Halter	513-824-7840	290 Northland Blvd.	Cincinnati	45246	khalter@ppsw.org
Planned Parenthood of Southwest Ohio / Springfield	Kelli Halter	513-824-7840	1061 North Bechtle Ave.	Springfield	45504	khalter@ppsw.org
Planned Parenthood of Southwest Ohio / Yeiser Center	Kelli Halter	513-824-7840	2016 Ferguson Road	Cincinnati	45238	khalter@ppsw.org
Portsmouth City Health Department	Josh Hammonds	(740) 354-8917	605 Washington Street, Suite 317	Portsmouth	45662	joshua.hammonds@portsmouthoh.org

Site Name	Contact	Email	Phone	Address	City	Zip Code
Richland County Juvenile Court / Detention Center	Aleah Padisak	(419) 774-6383	411 South Diamond Street	Mansfield	44902	apadisak@rcjcoh.us
Sandusky County Health Department / STD	Bethany Brown	(419) 334-6355	2000 Countryside Dr.	Fremont	43420	bbrown@sanduskycohd.org
Tuscarawas County Health Department	Judy Tornabene	(330) 343-5555 x 132	897 East Iron St	Dover	44622	judy.tornabene@odh.ohio.gov
Union County Health Department - London	Krista Finch	(937) 645-2057	306 Lafayette St. Suite B	London	43140	krista.finch@uchd.net
Union County Health Department - Marysville	Krista Finch	(937) 645-2057	940 London Ave., Suite 1100	Marysville	43040	krista.finch@uchd.net
Union County Health Department - Urbana	Krista Finch	(937) 645-2057	579 College Way	Urbana	43078	krista.finch@uchd.net
Van Wert County Health District	Paul Kalogerou	419-238-0808 Ext 101	1179 Westwood Dr. Suite 300	Van Wert	45891	lbissonette@vanwertcountyhealth.org
Warren County Combined Health District F.P.	Lori Smyth	(513) 695-1564	416 South East Street	Lebanon	45036	lsmyth@wcchd.com
Wayne County Health Department	Marcy Manack	(330) 264-9590 x 221	203 South Walnut St.	Wooster	44691	mmanack@wayne-health.org
West High/Dater	Lauren Thamann-Raines	(513) 357-2809	2146 Ferguson Rd.	Cincinnati	45238	lauren.thamann-raines@cincinnati-oh.gov
Withrow University High School - Cincinnati Hlth Department	Lauren Thamann-Raines	(513) 357-2809	2488 Madison Road	Cincinnati	45208	lauren.thamann-raines@cincinnati-oh.gov
Women's Health Center of Jefferson County	Linda Bain	(740) 282-5676	217 Washington St.	Steubenville	43952	womenshealth@comcast.net
Wood County Health Department	Diane Krill	(419) 352-8402 x 3261	1840 East Gypsy Lane Road	Bowling Green	43402	dkrill@co.wood.oh.us
Wyandot County Health District F. P.	Darlene Steward	(419) 294-3852 x 227	127-A South Sandusky Ave.	Upper Sandusky	43351	dsteward@co.wyandot.oh.us
Youngstown City Health District	Sue Spencer	(330) 743-3333 x 251	345 Oak Hill Ave., Suite 200	Youngstown	44502	sspencer@ychd.com
Zanesville Muskingum Health District	Corey Hamilton	(740) 454-9741 x 283	205 N. 7th St.	Zanesville	43701	coreyh@zmchd.org

EXHIBIT B

File Layout

1. File to include all records (positive, negative, unsatisfactory) received, resulted, and reported from preceding week and be generated once a week (preferably on Mondays) and transferred in a secure manner to be determined.
2. File to have the following naming convention: Data_7777_mm_dd and file type of .txt.
3. File should be generated using the following layout and business rules:
4. Text in red subject to change.
5. All fields are character type with the exception of date fields.

Field #	Field Name	Required	Size	Start	End	Description	Business rules
1	Last_name	Y	20	1	20	Patient's Last Name	If blank, transform to "UNKNOWN"
2	First_name	Y	20	21	40	Patient's First Name	If blank, transform to "UNKNOWN"
3	M_initial	N	1	41	41	Patient's Middle Initial	
4	DOB	N	10	42	51	Patient's date of birth	Format: mm/dd/yyyy
5	SEX	Y	1	52	52	1 = male 2 = female 9 = not specified	If blank, transform to "9"
6	Race	Y	1	53	53	1 = American Indian/Alaskan Native 2 = Asian 3 = Black/African American 4 = White 5 = Native Hawaiian/Pacific Islander 8 = Other 9 = Not specified	(If more than one race is selected, Race = '8' and codes/text for each race go in Other race field (#8)) If blank, transform to "9" If Other spot says Hispanic, mark Race as 9 and Ethnicity as 1
7	Other Race	N	20	54	73	Text as it appears on Other line	
8	Ethnicity	Y	1	74	74	1 = Hispanic 2 = Non-Hispanic 9 = Not specified	If blank, transform to "9"
9	Provider	Y	7	75	81	Site ID number	
10	City (patient's)	Y	25	82	106	Patient's address information	If city is blank, transform to "UNKNOWN – OH CITY"
11	County (patient's)	Y	20	107	126		If county is blank, transform to "UNKNOWN – OH COUNTY"
12	State (patient's)	Y	2	127	128		If state is blank, transform to "OH"
13	Zip (patient's)	Y	5	129	133		If zip is blank, transform to "99999"
14	Collect_dt	Y	10	134	143	Date of specimen collection	Date format mm/dd/yyyy
15	Date Received	Y	10	144	153	Date the lab received specimen	Date format mm/dd/yyyy

EXHIBIT B Cont'd

Field #	Field Name	Required	Size	Start	End	Description	Business rules
16	Test_type	Y	10	154	163	Test Requested – Values are "GC SDA" and "CT SDA".	Each test (Gonorrhea and Chlamydia should be a separate record)
17	Test_site	Y	10	164	173	Values are cervix, urethra, urine, vagina, rectum, pharynx	If blank, populate with "Unknown".
18	Qual_resul	Y	1	174	174	Either Chlamydia or Gonorrhea result depending on the record. P = Positive; N = Negative; U = Unsat.	Each Gonorrhea and Chlamydia test should be a separate record.
19	Access_no	Y	10	175	184	Unique identifier	Unique number for each form – each chlamydia and gonorrhea record from the same form should have the same number
20	Lab_TST_ID	Y	7	185	191	Bar code number	
21	Contact	Y	1	192	192	Sexual contact to an STD	If box is checked, populate with '1' If box is unchecked, populate with '0' If box is blank, populate with '0'
22	Intentionally left blank	Y	1	193	193		
23	Intentionally left blank	Y	1	194	194		
24	Intentionally left blank	Y	1	195	195		
25	Intentionally left blank	Y	1	196	196		
26	Rescreen	Y	1	197	197	Patient being rescreened	If box is checked, populate with '1' If box is unchecked, populate with '0' If box is blank, populate with '0'
27	Intentionally left blank	Y	1	198	198		
28	Signs	Y	1	199	199	Signs or symptoms of STD	If box is checked, populate with '1' If box is unchecked, populate with '0' If box is blank, populate with '0'
29	Unsat_R (Reason for unsat)	N	2	200	201	Reason for unsatisfactory result 1 = Outdated 2 = Mismatched Name/ID 3 = Missing Name/ID 4 = Wrong Swab/ Specimen 5 = Improper Absence/ Presence of Swab 6 = Quantity not Sufficient 7 = Inappropriate Anatomical Site 8 = Bloody Sample 9 = Unknown 10 = Thick Mucus 11 = Other 12 = Optional Field 13 = Not Applicable 14 = Overfilled Specimen Collection	
30	Dt_report (Date Reported)	Y	10	202	211	Date result is reported to site	Format: mm/dd/yyyy

Bold means required.



Jamie Blair
Ohio Department of Health
35 West Chestnut Street
Columbus, OH 43215

Dear Jamie:

The Center for Disease Detection provides a service to check and verify Medicaid patient's insurance eligibility. Many times we find that the patient's Medicaid information was not entered correctly by a staff member and the claim is marked "Bill Site". To avoid billing these claims back to your invoice when in fact the patient has Medicaid coverage, we are asking for the DOH to authorize CDD to search for Medicaid coverage for every patient we bill to them. If we find that the patient is Medicaid eligible we will file a claim and credit your next monthly invoice for their lab charges. In rare cases where you would prefer us not to look for patients Medicaid information we would ask that you select "Bill Site Only" in the Billing Type menu in AFTIS.

To set the appropriate service expectations for your account(s) please select from the options below, sign and return to my attention in the self-address enveloped.

{ } Yes, the DOH authorizes CDD to verify patients Medicaid eligibility unless "Bill Site Only" is selected.

{ } No, we do not want patients Medicaid eligibility checked.

_____ **SIGNATURE ON FILE** _____

Signature

Date

Should you have any questions regarding this letter, please contact me at (210) 590-3033 ext. 260.

Karen Rodman
Director of Billing Operations

Price Schedule

Oaks ID Number	CPT Code #	Test Description	Est. Annual Usage	CPR Unit \$ Price per Test
25770	87491, 87591	Chlamydia/Gonorrhea NAA, Confirmation	70,000	\$ 8.50
25771	86592	Syphilis EIA	5,000	\$ 4.00
25772	86593	Rapid Plasma Reagin (RPR)	5,000	\$ 0.50
25773	86780	Treponema Pallidum Particle Agglutination (TP-PA)	5,000	\$ 0.50
25774	86689	HIV Western Blot	1,500	\$ 60.00
25775	87081	GC Culture	10	\$ 14.00
25776	87077, 87140, 87143, 87147, 87149	GC Culture Identification	10	\$ 10.00
25777	87181, 87184, 87185, or 87186	GC Antibiotic Susceptibilities	10	\$ 10.00
25778	86803	Hepatitis C Anitbody	10	\$ 10.00
25779	87522	Hepatitis C Viral RNA, Quantitative, Real-Time PCR	10	\$ 125.00

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT00908334

147645
Center for Disease Detection LLC
P.O. Box 659509
San Antonio, TX 78265

TERMS: Net 30 days

CONTRACTOR'S CONTACT: Chad Ogden

Toll Free: (888) 858-8663
Fax: (888) 858-8664
E-Mail: chad.ogden@cddmedical.com

PURCHASE ORDERS TO:

Georgia Hutnyak
Chad Ogden
Mike Kossman

georgia@cddmedical.com
chad.ogden@cddmedical.com
mike.kossman@cddmedical.com

SUMMARY OF AMENDMENTS

Amendment Number	Effective Date	Description
4	04/01/17	This amendment is issued to notify that as a result of mutual agreement between the State of Ohio and the contractor, this contract is renewed for an additional 12 months, effective 04/01/2017 through 03/31/2018. All other prices, terms and conditions remain unchanged.
3	07/25/14	Indicates addition of Exhibit C, authorizing Medicaid verification.
2	07/18/14	Indicates updated facility names and locations (Exhibit A).
1	05/06/14	Indicates updated facility names and locations (Exhibit A).