**Attachment B - Specifications**

**Referral Lab Testing - DOC**

 **Louisiana Department of Corrections (DOC)**

**RFx #3000024854**

By entering the premises of all Louisiana Department of Corrections (DOC) locations, the Vendor shall be subject to search and seizure in accordance with Department Regulations OP-A-10.

**SCOPE OF SERVICES:**

**The Vendor shall be required to provide the following as part of the contract at no additional charge:**

1. All supplies delivered within 3 days of ordering, for specimen collection, centrifugation and preservation, ordering of tests, specimen transportation, and result reporting. Adequate explanation and instructions are to be included.
2. The Vendor shall be responsible for pickup and transporting of all collected specimens to their lab for analysis.
3. The Vendor shall be responsible for performing all necessary steps and processes to assure the integrity of the samples.
4. Once a day pick-up service, Monday through Friday, for each facility listed at no charge to the Louisiana Department of Corrections. The times for pickup shall be consistent. On Saturday, Sunday, and holidays established by DOC, the Vendor shall provide one pick-up with the ability to add a second pick-up as needed. The exact time for the pick-up service shall be pre-arranged with each Facility's Health Authority or Designee.
5. Should Short Turnaround Time (STAT) or other time-sensitive specimens be required, DOC and the Vendor shall collaborate regarding securing arrangements with a local hospital or laboratory for time-sensitive testing. The Vendor shall be responsible for ensuring that the hospital or lab contracted to do STATS would send a courier to collect the specimen on weekdays, after lab hours, and on weekends, and report the results within 4 hours of receipt of the specimen.
6. The Vendor shall have the ability to add an additional account for separate lab tests that will be billed to DOC Headquarters.

**VENDOR REQUIREMENTS:**

**The Vendor shall be required to provide the following as part of the contract on an as-needed basis:**

1. All test results shall be in an electronic/digital format, through the process for exchange of medical information identified by DOC at the time of contract. The reports shall be submitted directly to DOC’s Electronic Health Record (EHR) through an interface with the current Vendor.
2. DOC Facilities and off-site clinics ordering tests shall have access to the medical information and all reports.
3. Legible Hardcopy(s) of Test Result(s), within 8 hours from the time the results are first verified in the Lab Information System (LIS) of the performing laboratory, may also be required at the discretion of the DOC. The test results shall include the following:
4. Patient Name
5. Patient Medical Record Number (max. of 12 alphanumeric) or Louisiana Department of Corrections Number
6. Patient's date of birth or age
7. Patient sex
8. Name of referring physician
9. Patient location
10. Specimen collection date and time
11. Date and time specimen logged in by the Vendor
12. Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria initially reported
13. Date and time results initially reported
14. Name of performing laboratory
15. If test is performed in a laboratory other than the Vendor's laboratory, name and complete address of the laboratory
16. Test name
17. Test results, and, if applicable, the units of measurement or interpretation, or both
18. Reference range with all applicable interpretive comments
19. "Investigational Use Only/Research Use Only" - Statement if applicable to the methodology used
20. All information submitted on requisition with the specimen shall appear on the test report alone with other diagnostic information
21. Critical values noted as such with documentation of who at the facility was notified by phone within 1 hour of critical result and faxed result within 2 hours of critical result
22. Complete documentation of any corrected report issued with a clear display of the original result, including the date and time of the initial report as well as that of the correction
23. Provide a service to "add-on" a test with a specimen already at the Vendor
24. A telephone and/or fax reporting service to each facility in the event emergency reporting is needed by the Louisiana Department of Corrections.
25. Willingness to re-test the same specimen or a re-submitted specimen free of charge if, in the opinion of any medical staff member from the Louisiana Department of Corrections Facility, there are any doubts concerning the validity or results or the identity of the specimen.

The Vendor shall install and maintain a computer terminal, monitor, and printer for each facility listed herein. The terminal shall be able to: **A)** Provide full and direct inquiries from each facility to the Vendor’s laboratory(s) regarding specimen requirements and test results. **B)** Electronically order and label tests, retaining patient demographics and history, or reporting for a minimum of 2 years at each facility. **C)** Provide a hard copy report.

The Vendor shall:

1. Thoroughly test, verify, and validate all equipment before installation at the various laboratory sites
2. Install and maintain a printer with real-time print functions at each facility for prompt reporting of test results, when needed
3. Supply and install centrifuge equipment, supplies, communication line, and equipment maintenance at the vendor's expense. All equipment shall be within the safety and regulations of the Occupational Safety and Health Administration (OSHA) and Clinical Laboratory Improvement Amendments (CLIA) guidelines
4. Provide all training with documentation for each facility. Training shall be scheduled in advance with each facility to be sure all personnel involved are present
5. The Vendor must be able to interface with DOC’s current vendor for electronic health records and allow for DOC to send orders and receive results

For purposes of the contract, downtime is defined as the period of time in which the terminal, printer, and/or interface is malfunctioning or inoperable. During periods of downtime, the facilities shall not be responsible for any of the maintenance or service to the Vendor's equipment; this is the sole responsibility of the Vendor.

The Vendor shall:

1. Provide a replacement (loaner) for the terminal, monitor, and/or centrifuge, printer for any downtime period of 24 hours or more
2. Furnish the Louisiana Department of Corrections Facility results by telephone/fax during periods of downtime
3. Provide an alternate method of reporting results during periods of downtime of the interface

Retention of specimen(s) shall be at least 7 calendar days for repeat testing or if an additional test is required.

Prior to any change in test methodology, specimen requirement, reference ranges, or other test information, a minimum of 6 weeks' email notification with an effective date shall be provided to each facility. These changes shall be incorporated into the Service Directory by the Vendor with the date of the change clearly visible on the page. In the event of significant changes, the Vendor shall offer to provide crossover testing between old and new methodologies at no additional charge.

Notification to a Health Authority or Designee at the DOC Facility by telephone within 2 hours of specimen receipt and/or decision to cancel test (whichever is later) if, for any reason, the procedure cannot be performed.

Notification to the DOC Facility of any corrected reports within 2 hours of correction verification on the hardcopy report or the interface results by telephone to a Health Authority or Designee.

The Vendor shall provide a local (in-state) and/or toll-free number for courier service, reporting of equipment/interface problems, and test information. Telephone support shall be available for questions 24 hours a day, with local (in-state) Vendor telephone support available from 8:00 A.M. until 7:00 P.M. (CST).

The Vendor shall be required to provide educational information and support regarding assays.

Upon request by each Facility, the Vendor shall place an on-site **Patient Service Technician (PST)** who shall be responsible for providing specimen collection services, creating lab requisitions utilizing the prescribed DOC workflow, and processing the labs as specified by the lab.

**PST Services are currently needed at Louisiana State Penitentiary (LSP)**

Location: 17544 Tunica Trace, Angola, LA 70712

Hours: 7:00 A.M. – 3:30 P.M. (CST) Monday through Friday

Total hours per week for PST not to exceed 40 hours, with one 30 minute break for lunch each day. If, for any reason, the Vendor is unable to provide PST services during such regularly scheduled hours, DOC agrees to either provide its own specimen collection services or refer its patients to the Vendor’s Patient Service Centers.

DOC reserves the right to add PST services as needed for the additional facilities listed under **Facilities and Delivery Addresses.**

**The Vendor shall provide a** **Clinical/Technical Representative:**

The Representative shall:

1. Be scheduled to visit each Facility as requested by DOC for consultations and problem-solving
2. Be accessible by a direct telephone number and email address during regular business hours and after hours
3. Acknowledge contact attempt within 2 hours

The Vendor shall provide a means for:

1. Specimen processing
2. Courier for pickup and transportation
3. Process for reporting results for any special requests

**The Vendor shall provide each facility listed herein with the following Statistical Reports:**

Each facility shall be furnished with a monthly composite report giving the total number of procedures processed for the previous month. The report shall be provided 7 calendar days after monthly billing.

The Report shall include:

1. Contract Item Number (or cross-reference to product code)
2. Product Code
3. Name of Procedure
4. Number Processed for each Present Month, Previous Month, and Year to Date
5. Total Dollar Amount for Present Month, previous month, and year to date
6. Tests that are not itemized on the contract shall be individually reported on the monthly statistical report. It shall include the name of the procedure, product code, number processed, cost per test, and total dollar amount for the present month, previous month, and year to date. Category labeled "Miscellaneous Test" shall not be acceptable.

The Louisiana Department of Corrections shall be notified of any significant changes in the composition and/or configuration of the laboratory's workforce that differ from those submitted.

**BILLING:**

The Vendor shall provide the Louisiana Department of Corrections with the Vendor’s complete Fee Schedule to be used during the entire contract period, showing applicable prices for all tests. The prices shall be firm throughout the contracted period. The Vendor shall provide other miscellaneous tests not listed. The same terms and conditions agreed to shall apply to any and all tests offered by the Vendor throughout the term of the contract. In the event that certain tests are not performed in the Vendor’s laboratory and are sent to an outside laboratory, there shall be no additional charge above the price charged to the Vendor by the re-referral laboratory.

The monthly billing statements for each facility shall be provided to the facility within 10 business days after the end of the billing month.

The Billing Statement shall include:

1. Patient Name
2. Patient Hospital ID Number (up to 10 alphanumeric)
3. Specimen Collection Date
4. Reporting Date
5. Correct Test Name, Test code
6. Correct Test Price
7. Ordering Provider
8. Contract Line (if applicable)

**OUTSIDE TESTING:**

In the event the test(s) are not performed in the Vendor’s laboratories and are sent to outside laboratories, there shall be no additional referral charge. The certification and licensing requirements for the outside laboratory shall be the same as those specified for the contracting laboratory.

The Vendor agrees that results constitute privileged medical information and such results are subject to applicable Louisiana and Federal Laws and Regulations governing same. Any breach of confidentiality by the Vendor, its agents, or employees shall be cause for immediate contract cancellation.

A current published price list for tests which the Vendor provides must be included. The prices shall never exceed the submitted price throughout the contracted period. The Vendor shall be able to perform other miscellaneous tests not listed. The same terms and conditions agreed to must apply to any and all tests offered by the Vendor throughout the term of the contract.

**PATIENT SERVICE TECHNICIAN (PST) BILLING:**

The Vendor shall submit a monthly statement of services rendered to DOC by the PST for the specified facility.

PST services shall be billed at a set rate per patient. (Line Number 862).

**TURNAROUND TIME - INCLUDING TESTS SUBCONTRACTED BY THE VENDOR:**

For the purpose of the contract, TAT is defined as the time interval between pickup of specimen from a facility to receipt of electronic results received via interface. Expected TAT are as indicated for all tests. Turnaround Time (TAT) are not general guidelines but rather maximum limits for elapsed days before a final report is received by the ordering Louisiana Department of Public Safety and Corrections Facility. The Vendor shall be expected to adhere to the agreed-upon TAT for items listed in the contract. A report shall be submitted quarterly to each facility's Health Authority or Designee. If average TAT for all assays is greater than 10% above the agreed-upon TAT or if a single assay exceeds the stated TAT by greater than 25% in a given month, the Vendor shall be considered non-compliant. Non-compliance leads to a discussion between the Vendor and the State as to corrective actions to be taken. After initial discussion, the Vendor shall be re-evaluated for a 3 month period to verify that needed improvements have been made. If such audit fails to document needed improvements, the State reserves the right to terminate the contract for cause, within 30 days of written notification.

**CERTIFICATION OF LICENSING REQUIREMENTS:**

The Vendor shall maintain the following certifications and/or licensing requirements for the entirety of the contract period, including all agreed-upon renewal periods, per the original specifications:

Clinical Laboratory Improvement Amendments of 1988 (CLIA) 42 U.S.C. 263a; 42 C.F.R. 493.1.

Accreditation by the College of American Pathologists (CAP)

The Vendor shall meet all Federal and State licensing laws

The Louisiana Department of Corrections shall be notified of any change in personnel licenses or certifications that differ from those submitted.

**FACILITIES & DELIVERY ADDRESSES:**

Agency #: 402000

Louisiana State Penitentiary

General Delivery

Angola, LA 70712

Contact Person: Danielle Matherne

Phone: (225) 655-2589 or (225) 342-5973

Fax: (225) 655-2007

**Computer Required: Yes**

Agency#: 405000

Raymond Laborde Correctional Center

1630 Prison Road

Cottonport, LA 71327

Contact Person: Mark Monroe

Phone: (318) 876-4209

Fax: (318) 876-4250

**Computer Required: Yes**

Agency #: 406000

Louisiana Correctional Institute for Women

15200 Scenic Hwy

Baker, LA 70714

Contact Person: Maxine Thomas
Phone: (225) 319-2346

Fax: (225) 319-2398

**Computer Required: Yes**

Agency #: 409000

Dixon Correctional Institute

P.O. Box 788

5568 Highway 68

Jackson, LA 70748

Contact Person: Cortney Paige McGuire

Phone: (225) 634-6213

Fax: (225) 634-4543

**Computer Required: Yes**

Agency #: 413000

Elayn Hunt Correctional Center

6925 Highway 74

St. Gabriel, LA 70776

Contact Person: Brenda Goodlow

Phone: (225) 319-4292

Fax: (225) 319-4594

**Computer Required: Yes**

Agency #: 414000

David Wade Correctional Center

670 Bell Hill Road

Homer, LA 71040

Contact Person: Kayla Faulk

Phone: (318) 927-0411

Fax: (318) 927-0440

**Computer Required: Yes**

Agency #: 416000

Rayburn Correctional Center

27268 Highway 21

Angle, LA 70426

Contact Person: Janet Purvis

Phone: (985) 661-6403

Fax: (985) 661-6406

**Computer Required: Yes**

Agency #: 400000

DPS&C Headquarters

504 Mayflower St.

Baton Rouge, LA. 70804

Contact Person: Jayla Marceaux

Phone: (225) 342-1320

Fax: (225) 342-1329

**Computer Required: No**

Agency #: 408000

Allen Correctional Center

3751 Lauderdale Woodyard Road

Kinder, LA 70648

Contact Person: Nadia Rougeau

Phone: (337) 639-2943

Fax: (337) 639-2938

**Computer Required: Yes**

Agency #: 400000

State Police Barracks

1400 West Irene Road

Zachary, LA 70791

Contact Person: Lisa Prejean

Phone: 225-658-2096

Fax: 225-658-0684

**Computer Required: Yes**