

+



**REQUEST FOR PROPOSAL  
("RFP")  
(RFP-2026-010)  
for  
Laboratory Testing Services**

Release Date: 01/13/2026

**Proposals Due: 03/12/2026** at 12:00 P.M. Central Standard Time

**Revised: 03/03/2026**

**\* Proposals not received by deadline will be rejected and returned unopened.**

**002 - TABLE OF CONTENTS**

002 - TABLE OF CONTENTS ..... 2  
003 - BACKGROUND ..... 3  
004 - SCOPE OF SERVICES ..... 4  
005 - ASSURANCES ..... 10  
006 - TERM OF CONTRACT ..... 11  
007 - PRE-SUBMITTAL CONFERENCE ..... 11  
008 - PROPOSAL REQUIREMENTS ..... 11  
009 - SUBMISSION OF PROPOSAL ..... 12  
010 - RESTRICTIONS ON COMMUNICATION ..... 13  
011 - EVALUATION OF CRITERIA ..... 13  
012 - AWARD OF CONTRACT AND RESERVATION OF RIGHTS ..... 14  
013 - SCHEDULE OF EVENTS ..... 15  
014 - INSURANCE REQUIREMENTS ..... 15  
015 - RFP ATTACHMENTS ..... 18

### **003 - BACKGROUND**

The Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a The Center for Health Care Services ("CENTER") is a multi-facility community mental health and intellectual disability center created under the authority of Section 534.001 of the Texas Health and Safety Code by its sponsoring agencies, Bexar County and the Bexar County Hospital District d/b/a University Health. The CENTER has been providing services to Bexar County residents experiencing mental health, intellectual developmental disabilities and/or substance use issues for over fifty-five years and is the Texas Health and Human Services Commission-designated Local Mental Health Authority for Bexar County, Texas. The CENTER is considered a governmental entity, a political subdivision of the state of Texas, but is not a Texas state agency. The CENTER'S administrative offices are located at 6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas 78213.

## 004 - SCOPE OF SERVICES

The Center for Health Care Services (“CHCS”, “CENTER”) is seeking proposals from qualified and experienced laboratory testing companies (“RESPONDENT”) to provide comprehensive testing that meets the needs of the CENTER, as further defined in this Request for Proposals (“RFP”).

### A. General Requirements and Responsibilities

RESPONDENT shall:

1. Provide Laboratory Testing Services for CENTER in accordance with prescriber orders by persons authorized under state or federal law to order laboratory tests.
2. Perform “STAT” and “URGENT” lab testing services when ordered by a prescriber as follows:
  - a. STAT – performed immediately due to a consumer’s critical condition, with results typically available and reported within one (1) hour or less.
  - b. URGENT – performed when prompt diagnosis or treatment is needed to prevent worsening of consumer’s condition and reported within two (2) to four (4) hours.
3. Provide comprehensive in-service training for appropriate personnel on an as-needed basis, to be arranged by CENTER.
4. Supply all collection materials and any other related supplies per draw site, as necessary, for the collection of the test, to include centrifuges and lockboxes, at no charge.
5. Provide phlebotomist (technical services) at agreed upon times to collect, and process samples at no additional cost for up to three (3) CENTER locations:
  - a. Paul Elizondo Clinic: 928 W. Commerce Street, San Antonio, TX 78207 – Current technical services provided
  - b. Two (2) additional undetermined locations are designated for potential expansion of services.
6. Provide courier services to pick up specimens from CENTER to be tested by RESPONDENT.
7. Set up and provide electronic submission of laboratory results per draw site when test is completed at no additional cost.
8. Supply testing supplies necessary for obtaining, collecting, and transporting specimens in full within twenty-four (24) hours of request.
9. Provide one (1) Master Price List for lab testing that applies universally to all CENTER Programs/Clinic locations.
10. Submit an itemized monthly statement of services, under a “Parent” or “Master” account, that includes the following information for each individual unit:
  - a. CENTER location and unit number;
  - b. Date of services;
  - c. Consumer name or identification number;
  - d. Ordering physician;
  - e. Test performed;
  - f. Test code; and
  - g. Net cost.
11. Maintain separate records for each of the CENTER’S locations served by unit number, so as to provide a monthly analysis of tests performed by test code and name, as well as cumulative summary reflecting usage at all CENTER locations.
12. Provide direct billing for services to all payers of claims, other than the CENTER, for all consumers served by the CENTER when the required billing information is supplied on the requisition form. Payment received from third party payers will be considered payment in full for the services rendered.
13. Provide next-day reporting for all tests listed. (No later than 24 hours turn-around).

14. Report Critical/Urgent lab values within one (1) hour per agreed upon mechanism to requesting location.
15. Have a defined financial hardship system available to consumers who qualify.
16. Comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) Act, as applicable.

## **B. Technical Specifications**

1. Have Health Level Seven (HL7) standards or similar systems/mechanisms to interface with CENTER'S Software System (Netsmart - OrderConnect).
2. Demonstrate ability to interface with CENTER'S Electronic Health Record (EHR) which is currently utilizing the MyAvatar product.
3. Demonstrate ability to work with and through an EHR intermediary between CENTER and RESPONDENT for data transfer related to prescriber orders, lab test resulting and posting processes, data reports, and billing as necessary. Current vendor intermediary is Change Health.

## **C. Laboratory Standards**

RESPONDENT shall:

1. Be licensed by all state and federal agencies having jurisdiction in such matters and shall submit documentation of such licenses with the RFP, and provide proof of renewal upon expiration dates of licenses including, but not limited to:
  - a. Medicare License
  - b. Medicaid License
  - c. College of American Pathologists accredited
  - d. CLIA certification
  - e. Texas Health and Human Services, Health Facility Compliance Unit
2. Provide to the CENTER with such information upon request to demonstrate to the CENTER'S satisfaction that each of the following items is complied with:
  - a. Participation in external proficiency testing programs;
  - b. Automatic telephoning of Critical/Urgent values for any test;
  - c. Automatic repeat of grossly abnormal results for confirmation;
  - d. Internal blind re-submission of previously tested samples;
  - e. Periodic review of cumulative consumer means;
  - f. Corporate review of external proficiency testing results;
  - g. Weekly compliance inspections;
  - h. Monthly corporate-wide internal proficiency program;
  - i. Monthly corporate review of performance statistics for each method;
  - j. Quarterly on-site internal inspection program;
  - k. Pathologist review of abnormal cytology;
  - l. Quarterly proficiency testing of cytotechnologist; and
  - m. Quarterly on-site cytology inspection.

## **D. Lab Categories and Tests**

RESPONDENT'S laboratory services will include the following core categories of testing services offered. In addition, the following lab tests are examples from each of the categories listed and are not intended to be representative of all potential tests within each category. A RESPONDENT may provide a comprehensive listing of tests provided per category for consideration in their scope of services.

### **1. Chemistry**

- a. Basic Metabolic Profile
- b. Comprehensive Metabolic Profile
- c. Electrolyte Profile
- d. Lipid Profile

- e. Liver Profile
- f. Renal Profile
- g. Albumin
- h. Alkaline Phosphatase
- i. ALT
- j. Ammonia
- k. Amylase
- l. AST
- m. Bilirubin Direct, Total
- n. BUN
- o. Electrolytes (Calcium, Chloride, Magnesium, Phosphorus, Potassium, Sodium)
- p. Cholesterol
- q. CO2
- r. C-Reactive Protein (CRP) and High Sensitivity
- s. Creatinine
- t. Creatinine Kinase, Total
- u. C3, C4
- v. Glucose, random
- w. SGT
- x. Hapatoglobin
- y. HDL, LDL
- z. IgA, IgG, IgM
- aa. Iron, Total and TIBC
- bb. Ketones
- cc. Lead
- dd. Lactic Acid
- ee. Lipase
- ff. Osmolality
- gg. Pre-Albumin
- hh. Protein, Total
- ii. Transferrin
- jj. Triglycerides
- kk. Uric Acid

## 2. TDM/Toxicology

- a. Acetaminophen
- b. Amitriptyline
- c. Carbamazepine
- d. Desipramine, QT
- e. Dilantin
- f. Imipramine, QT
- g. Lithium
- h. Nortriptyline QT
- i. Oxcarbazepine (Trileptal)
- j. Phenobarbital
- k. Salicylate
- l. Theophylline
- m. Valproic Acid

## 3. Drugs of Abuse

- a. Alcohol
- b. Benzodiazepine
- c. Marijuana
- d. Opiates
- e. Phencyclidine
- f. Methaqualone
- g. Barbiturates
- h. Cocaine Metabolites
- i. Methadone
- j. Phencyclidine
- k. Buprenorphine
- l. Fentanyl

#### **4. Maternal Testing**

- a. Pregnancy, Serum, Qualitative
- b. HCG, Serum, Quantitative
- c. AFP, Amino Panel

#### **5. Endocrinology**

- a. Cortisol, serum
- b. C-peptide
- c. DHEA-S
- d. Estradiol
- e. Estrogen, Total
- f. Ferritin
- g. Folate, RBC, Serum
- h. FSH
- i. hGH
- j. IgE
- k. IGF-1
- l. Insulin
- m. LH
- n. Parathyroid Hormone
- o. Progesterone
- p. Prolactin
- q. PSA Screen Annual, Diagnostic
- r. PTH, Intact
- s. Testosterone, Free, Direct w/Total
- t. Thyroid Screen (T3, T4, T7, TSH)
- u. Thyroid Peroxidase Antibody #
- v. Thyroid Antibody Panel
- w. Thyroglobulin Panel, Ag/Ab
- x. T3 Total
- y. T3 Free
- z. T4 Free
- aa. TSH 3<sup>rd</sup> Generation
- bb. Vitamin B12
- cc. Vitamin D 25

#### **6. Glucose Testing**

- a. Fasting Glucose
- b. 3-Hr Glucose Tolerance
- c. Hemoglobin A1C

#### **7. Infectious Disease Serology**

- a. Hepatitis A IgM AB, Total AB
- b. Hepatitis B Core IgG AB, Total AB
- c. Hepatitis B Surface AB, Total AB
- d. Hepatitis C AB
- e. HIV
- f. Cytomegalovirus IgG, IgM
- g. Measles IgG
- h. Mumps
- i. Rubella
- j. Syphilis
- k. Toxoplasma IgG, IgM
- l. Varicella Zoster IgG

#### **8. Hematology**

- a. CBC, and w/ Differential
- b. Platelet Count
- c. Hemoglobin
- d. Hematocrit
- e. Immature Platelet Fraction

- f. Sedimentation Rate (ESR)
- g. Reticulocyte Count
- h. Sickle Cell Screen
- i. Immunodeficiency Panel (CD3,4,8)

**9. Routine Coagulation**

- a. INR/PT, Prothrombin Time
- b. PTT, Partial Thromboplastin Time
- c. Thrombin Time
- d. Fibrinogen Level
- e. Platelet Function

**10. Urinalysis**

- a. Complete
- b. Reflex to Microscopic
- c. Reflex to Culture
- d. Specific Gravity
- e. Amylase
- f. Ketones
- g. Drugs of Abuse Screen w/ GCS Confirmation
- h. Electrolytes (Calcium, Chloride, Magnesium, Phosphorus, Potassium, Sodium)
- i. Pregnancy
- j. Creatinine
- k. Glucose
- l. Microalbumin
- m. Myoglobin
- n. Osmolality
- o. Total protein
- p. Urea Nitrogen
- q. Uric Acid

**11. Pathology/Histology Review**

- a. SurePath
- b. ThinPrep
- c. Candidiasis, PCR
- d. Trichomonosis vaginalis
- e. Gonorrhea/Chlamydia
- f. BV
- g. HPV w/Reflex

**12. Bacteriology/Mycology/AFB**

- a. Culture Aerobic (with Gram Stain)
- b. Culture Anaerobic (with Gram Stain)
- c. Culture Group A Strep (Throat)
- d. Culture Group B Strep
- e. Culture Gonorrhea
- f. Culture MRSA
- g. Culture Urine
- h. Culture Stool
- i. Culture AFB
- j. Culture Blood
- k. Culture Fungal
- l. Other Sources identify

**13. Antigens**

- a. Cryptococcus AG EIA – Serum (Reflex to titer)
- b. H. pylori Stool Antigen – EIA
- c. Legionella Antigen – EIA

**14. Molecular Testing**

- a. COVID-19 Testing
- b. COVID-19 Screen

- c. COVID Flu A/B-RSV
- d. COVID Flu A/B
- e. C. Difficile Toxin N PCR
- f. Group B Strep PCR
- g. Herpes Simplex Virus Amplification-Type 1&2
- h. Respiratory Virus PCR Panel
- i. Gastrointestinal PCR Panel

**15. Autoimmune Serology**

- a. Anti-Nuclear Antibody (Reflex to titer)
- b. Rheumatoid Factor

**16. Sexually Transmitted Diseases**

- a. Gonorrhea
- b. Candidiasis, PCR
- c. Chlamydia NAAT
- d. FTA-ABS
- e. HIV type 1&2, antibody/antigen, 4<sup>th</sup> gen.
- f. Herpes type 1&2
- g. Human Papilloma Virus
- h. RPR Reflex
- i. Trichomoniasis vaginalis
- j. Vaginitis Panel

**17. Quantitative Molecular Testing**

- a. HCV RNA PCR
- b. CMV RNA PCR
- c. HIV RNA PCR
- d. EBV RNA PCR

**18. Miscellaneous Testing**

- a. H. Pylori Breath Test
- b. QuantiFERON-TB Plus
- c. Fecal Globin by Immunochemistry (FIT)
- d. Saliva Drug Test (including confirmation)

**005 - ASSURANCES**

The RESPONDENT assures the following (signature required):

1. That all addenda and attachments to the RFP as distributed by CENTER have been received.
2. No attempt will be made by the RESPONDENT to induce any person or firm to submit or not to submit a Proposal, unless so described in the RFP document.
3. The Respondent does not discriminate in its services or employment practices on the basis of race, color, religion, sex, sexual orientation, national origin, disability, veteran status, or age.
4. That no employee of CENTER or Health and Human Services Commission ("HHSC") and no member of CENTER'S Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the Respondent is unable to make the affirmation, then the Proposal must disclose any knowledge of such interests.
5. RESPONDENT accepts the terms, conditions, criteria, and requirements set forth in the RFP.
6. RESPONDENT accepts CENTER'S right to cancel the RFP at any time prior to contract award.
7. RESPONDENT accepts CENTER'S right to alter the timetables for procurement as set forth in the RFP.
8. The Proposal submitted by the RESPONDENT has been arrived at independently without consultation, communication, or agreement with another party for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the Proposal submitted by the RESPONDENT has not been knowingly disclosed by the RESPONDENT to any other RESPONDENT prior to the notice of intent to award.
10. No claim will be made to CENTER for payment to cover costs incurred in the preparation of the submission of the Proposal or any other associated costs.
11. CENTER has the right to complete background checks and to verify information submitted by a RESPONDENT.
12. The individual signing this document, and the contract, is authorized to legally bind the RESPONDENT.
13. The address submitted by the RESPONDENT to be used for all notices sent by CENTER is current and correct.
14. All cost and pricing information is reflected in the Proposal documents or attachments.
15. That the RESPONDENT is not currently held in abeyance or barred from the award of a federal or state contract.
16. That the RESPONDENT is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Tax Code, Title 2, Subchapter F, Chapter 171, Subchapter H and Title 34 of the Texas Administrative Code, Part 1 Chapter 3, Subchapters A and F.
17. RESPONDENT shall disclose whether any of the directors or personnel of RESPONDENT has either been an employee or a trustee of CENTER within the past two (2) years preceding the date of submission of the Proposal. This requirement applies to all personnel, whether or not identified as key personnel. If such employment has existed, or term of office served as trustee, the RESPONDENT shall state in an attached writing the nature and time of the affiliations as defined.
18. RESPONDENT shall identify in an attached writing any trustee or employee of CENTER who has a financial interest in RESPONDENT or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable. Moreover, RESPONDENT shall state in an attached writing whether any of its directors or personnel knowingly has had a personal relationship with employees or officers of CENTER within the past two (2) years that may interfere with fair competition.
19. No current or former employee or officer of a federal, state, or local governmental agency, and/or the CENTER directly or indirectly aided or attempted to aid in the procurement of RESPONDENT'S services.
20. RESPONDENT shall disclose in an attached writing the name of every CENTER key person with whom RESPONDENT is doing business or has done business during the 365 day period immediately prior to the date on which the Proposal is due; failure to include such a disclosure will be a binding representation by RESPONDENT that the natural person executing the Proposal has no knowledge of any CENTER key persons with whom RESPONDENT is doing business or has done business during the 365 day period prior to the immediate date on which the Proposal is due.
21. Under Section 231.006 of the Texas Family Code, the vendor or RESPONDENT certifies that the individual or business entity named in this Proposal is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated, and payment may be withheld if this certification is inaccurate.
22. RESPONDENT has no conflict of interest and meets the standards of conduct requirements pursuant to Texas Administrative Code Section 412.54(c).
23. That all information provided in the Proposal is true and correct.

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Printed Name of Signing Authority

\_\_\_\_\_  
Date

## 006 - TERM OF CONTRACT

The anticipated term for a contract awarded in response to this RFP is three (3) years. The CENTER shall have the option to renew under the same terms and conditions for up to two (2) additional one (1) year extensions. All renewals shall be in writing and signed by President/CEO, after approval by the CENTER'S Board of Trustees. The CENTER may terminate a contract at any time if funds are restricted, withdrawn, not approved or for unsatisfactory service.

## 007 - PRE-SUBMITTAL CONFERENCE

A Pre-Submittal Conference will be held at the Center for Health Care Services, located at 6800 Park Ten Blvd. Suite 200-S, 2<sup>nd</sup> Floor, San Antonio, Texas 78213 at 2:00 P.M. Central Standard Time (CST), on January 28, 2025.

This meeting place is accessible to disabled persons. The Center for Health Care Services is wheelchair accessible. The accessible entrance is located at 6800 Park Ten Blvd. Suite 200-S. Accessible parking spaces are located at 6800 Park Ten Blvd. Suite 200-S. RESPONDENTS that are unable to attend in person may participate by Conference Call. RESPONDENTS may call the toll-free number listed below and enter access code to participate the day of the conference.

Dial-In Toll Telephone Number: 210-714-4201

Dial-In Toll-Free Telephone Number: 1-800-717-4201

Access Code: 18015 #

RESPONDENTS are encouraged to prepare and submit their questions in writing in advance of the Pre-Submittal Conference in order to expedite the proceedings.

RESPONDENTS may submit their questions pertaining to this RFP to Chelsey Turner, Contract Administrator, by email to [CTurner@chcsbc.org](mailto:CTurner@chcsbc.org), please carbon copy [Contracts@chcsbc.org](mailto:Contracts@chcsbc.org), before February 11, 2026 at 12:00 P.M. Central Standard Time (CST). Please refrain from contacting the CENTER'S Board of Trustees members during the search process and direct all inquiries to the contact person listed above. Only those written questions received prior to February 11, 2026, 12:00 P.M. CST deadline will be addressed.

Any oral response given at the Pre-Submittal Conference that is not confirmed in writing and posted with this solicitation shall not be official or binding on the CENTER. Only written responses shall be official and all other forms of communication with any officer, employee or agent of the CENTER shall not be binding on the CENTER. RESPONDENTS are encouraged to resubmit their questions in writing to the CENTER Staff person identified in the Restrictions on Communication section, after the conclusion of the Pre-Submittal Conference.

## 008 - PROPOSAL REQUIREMENTS

RESPONDENT'S proposal shall include the following items in the following sequence, noted with the appropriate heading as indicated below. Submitted proposals should include information in sufficient detail to address the RESPONDENT'S ability to perform the services being requested and provide the CENTER with enough information to properly evaluate proposals.

RESPONDENTS must submit a hard copy proposal. Submit one original, signed in ink, five (5) hard copies, and one USB containing a copy of the entire proposal in Microsoft Word or PDF format. **Any information deemed to be confidential by RESPONDENT should be clearly noted on the page(s) where the confidential information is contained.**

### TABLE OF CONTENTS

EXECUTIVE SUMMARY. The summary shall include a statement of the work to be accomplished, how RESPONDENT proposes to accomplish and perform each specific service and unique problems perceived by RESPONDENT and their solutions.

ASSURANCES. RESPONDENT must complete, sign in ink and submit the Assurances Page found in this RFP under Section 005 – Assurances.

GENERAL INFORMATION FORM. Use the Form found in this RFP as Attachment A, Part One.

EXPERIENCE, BACKGROUND & QUALIFICATIONS. Use the Form found in this RFP as Attachment A, Part Two.

PROPOSED PLAN. Use the Form found in this RFP as Attachment A, Part Three.

PRICING SCHEDULE. Use the Pricing Schedule that is found in this RFP as Attachment B.

PROOF OF INSURABILITY. RESPONDENT shall submit a copy of their current insurance certificate.

SIGNATURE PAGE. RESPONDENT must complete, sign and submit the Signature Page found in this RFP as Attachment C. The Signature Page must be signed by a person, or persons, authorized to bind the entity, or entities, submitting the proposal. Proposals signed by a person other than an officer of a corporate RESPONDENT or partner of partnership RESPONDENT shall be accompanied by evidence of authority.

CONFLICTS OF INTEREST STATEMENT. RESPONDENT must complete, sign and submit the Conflicts of Interest Statement found in this RFP as Attachment D. RESPONDENT shall select only *one* applicable scenario.

PROPOSAL CHECKLIST. Complete and submit the Proposal Checklist found in this RFP as Attachment E.

The RESPONDENT must indicate whether or not it will be subcontracting a portion(s) of services contained in this RFP's Scope of Services. If so, indicate the name of the subcontractor and the portion of the work, which will be subcontracted. Provide the subcontractor's qualifications that meet the requirements of the Scope of Services. The CENTER reserves the right to refuse the selection of any subcontractor(s) by CONTRACTOR for reasonable cause.

## 009 - SUBMISSION OF PROPOSAL

Please complete all questions in the order they are presented in this Request for Proposal ("RFP"). Include all questions and question numbers in your responses. Any additional comments or information may be provided at the end of your answers to all proposal questions. If a question does not apply to the RESPONDENT, simply and clearly document "N/A". Scoring and evaluation is based on completed questions. Unanswered questions will be considered omissions. The CENTER reserves the right to review only completed proposals. The CENTER reserves the right to hold subsequent face-to-face or telephone interviews for clarification and/or negotiation purposes. Interviews will not be solicited for the purpose of completing incomplete proposals. Multiple omissions and/or incomplete responses may result in disqualification.

### Instructions for Submitting Proposals

RESPONDENT shall submit one (1) original, signed in ink, five (5) hard copies and one (1) USB drive which contains the proposal in Microsoft Word or PDF format in a sealed package clearly marked with the project name, "**Laboratory Testing Services, RFP 2026-010**" on the front of the package by **no later than 12:00 P.M. CST on March 12, 2026. March 4, 2026.** Responses may be delivered by regular mail, special carrier, or hand delivery to the CENTER'S administrative offices at 6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas, 78213. **Submission of Proposals by telephone, facsimile transmission or e-mail will not be accepted. Untimely proposals will be rejected and/or returned unopened. Any mail delays or other matters causing late receipt are irrelevant and will not excuse late submission. The time as kept by the CENTER shall be the official time and shall control. Therefore, RESPONDENTS should strive for early submission to avoid the possibility of rejection for late arrival. The CENTER will not be responsible in the event that the U.S. Postal Service or any other carrier system fails to deliver the proposal to the CENTER by the given deadline above. Proposals may be withdrawn at any time prior to actual contract award.** The CENTER reserves the right to reject any and all proposals, to waive technicalities, and to accept any advantages deemed beneficial to the CENTER and its consumers. It is the CENTER'S intent to evaluate proposals, and/or services in order to achieve the best value for CENTER employees and operations. Each RESPONDENT which submits a complete proposal but is not awarded a contract will be notified in writing that the proposal is no longer being considered. Any information contained in the proposal that is deemed to be proprietary in nature must clearly be so designated in the proposal. Such information may be subject to disclosure under the Public Information Act on opinions from the Texas Attorney General's office.

Modified Proposals. Proposals may be modified provided such modifications are received prior to the due date for submission of proposals and submitted in the same manner as the original proposal. For hard copy proposals, provide a cover letter with the proposal, indicating it is a modified proposal, and that the original proposal is being withdrawn.

Correct Legal Name. RESPONDENTS who submit proposals to this RFP shall correctly state the true and correct name of the individual, proprietorship, corporation, and/or partnership (clearly identifying the responsible general partner and all other partners who would be associated with the contract, if any). No nicknames, abbreviations (unless part of the legal

title), shortened or short-hand, or local "handles" will be accepted in lieu of the full, true and correct legal name of the entity. These names shall comport exactly with the corporate and franchise records of the Texas Secretary of State and Texas Comptroller of Public Accounts. Individuals and proprietorships, if operating under other than an individual name, shall match with exact Assumed Name filings. Corporate RESPONDENTS and limited liability company RESPONDENTS shall include the 11-digit Comptroller's Taxpayer Number on the General Information Form found in this RFP as Attachment A.

If an entity is found to have incorrectly or incompletely stated its name or failed to fully reveal its identity on the General Information Form, the Sr. Director of Compliance & Systems Support shall have the discretion, at any point in the contracting process, to suspend consideration of the proposal.

Firm Offer. All provisions in RESPONDENT'S proposal, including any estimated or projected costs, shall remain valid for one hundred and fifty (150) days following the deadline for submissions or, if a proposal is accepted, throughout the entire term of the contract.

Confidential or Proprietary Information. The entire response to this Request for Proposal shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code. If the RESPONDENT believes information contained therein is legally excepted from disclosure under the Texas Public Information Act, the RESPONDENT should conspicuously (via bolding, highlighting and/or enlarged font) mark those portions of its response as confidential or proprietary and submit such information under seal. Such information may still be subject to disclosure under the Public Information Act depending on determinations of the Texas Attorney General's office.

Cost of Proposal. Any cost or expense incurred by the RESPONDENT that is associated with the preparation of the proposal, the Pre-Submittal conference, if any, or during any phase of the selection process, shall be borne solely by RESPONDENT.

#### **010 - RESTRICTIONS ON COMMUNICATION**

**RESPONDENTS are prohibited from communicating with: 1) CENTER Board of Trustees regarding the RFP or proposals from the time the RFP has been released until the contract is posted as an agenda item; and 2) CENTER employees from the time the RFP has been released until the contract is awarded.** These restrictions extend to "thank you" letters, phone calls, emails and any contact that results in the direct or indirect discussion of the RFP and/or proposal submitted by RESPONDENT. **Violation of this provision by RESPONDENT and/or its agent may lead to disqualification of RESPONDENT'S proposal from consideration.**

Exceptions to the Restrictions on Communication with CENTER employees include:

RESPONDENTS may submit written questions concerning this RFP to the staff person listed below until 12:00 P.M. CST on February 11, 2026. Questions received after the stated deadline will not be answered. All questions shall be sent by e-mail to:

**Chelsey Turner**  
**Contract Administrator**  
**Center for Health Care Services**  
[CTurner@chcsbc.org](mailto:CTurner@chcsbc.org) (Carbon Copy [Contracts@chcsbc.org](mailto:Contracts@chcsbc.org))

Questions submitted and the CENTER'S responses will be posted to the CENTER'S website.

CENTER reserves the right to contact any RESPONDENT to negotiate if such is deemed desirable by CENTER. Such negotiations, initiated by CENTER staff persons, shall not be considered a violation by RESPONDENT of this section.

#### **011 - EVALUATION OF CRITERIA**

The CENTER will conduct a comprehensive, fair, and impartial evaluation of all proposals received in response to this RFP. The CENTER may appoint a selection committee to perform the evaluation. Each proposal will be analyzed to determine overall responsiveness and qualifications under the RFP. Criteria to be evaluated may include the items listed below. The CENTER may also request additional information from RESPONDENTS at any time prior to final approval of a selected RESPONDENT. The CENTER reserves the right to select one, or more, or none of the RESPONDENTS to provide services. Final approval of a selected RESPONDENT is subject to the action of the CENTER'S Board of Trustees.

It should be understood that while the total score is a significant factor, the CENTER reserves the right to consider other factors in making a final selection.

Evaluation criteria:

Experience, Background, Qualifications – 35 points

Proposed Plan – 40 points

Price Schedule – 15 points

Local Business – 5 points

Veteran Owned Small Business – 5 points

## **012 - AWARD OF CONTRACT AND RESERVATION OF RIGHTS**

The CENTER reserves the right to award one, more than one or no contract(s) in response to this RFP.

The contract, if awarded, will be awarded to the RESPONDENT(S) whose proposal(s) is deemed most advantageous to CENTER, as determined by the selection committee, upon approval of the CENTER'S Board of Trustees.

The CENTER may accept any proposal in whole or in part. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFP on the part of CENTER. However, final selection of a RESPONDENT is subject to CENTER'S Board of Trustees approval.

The CENTER reserves the right to accept one or more proposals or reject any or all proposals received in response to this RFP, and to waive informalities and irregularities in the proposals received. CENTER also reserves the right to terminate this RFP, and reissue a subsequent solicitation, and/or remedy technical errors in the RFP process.

The CENTER reserves the right to reject, for any reason and at its sole discretion, in total or in part, any and/or all proposals, regardless of comparability of price, terms or any other matter, to waive any formalities, and to negotiate on the basis of the proposals received for the most favorable terms and best service for the CENTER. If a RESPONDENT is selected, the RESPONDENT will be required to execute a contract. If CENTER funding is materially decreased during the contract term, the contract may be amended and/or terminated.

No work shall commence until CENTER signs the contract document(s) and RESPONDENT provides the necessary evidence of insurance as required in this RFP and the contract. Contract documents are not binding on CENTER until approved by the CENTER'S General Counsel. In the event the parties cannot negotiate and execute a contract within the time specified, CENTER reserves the right to terminate negotiations with the selected RESPONDENT and commence negotiations with another RESPONDENT.

This RFP does not commit the CENTER to enter into a contract, award any services related to this RFP, nor does it obligate the CENTER to pay any costs incurred in preparation or submission of a proposal or in anticipation of a contract.

If selected, RESPONDENT will be required to comply with the Insurance and Indemnification Requirements established herein.

The CONTRACTOR shall, at its own expense, conduct criminal background checks on all personnel and subcontractors assigned to provide services on CENTER property. The background checks must satisfy the requirements of the CENTER'S licensing and regulatory agencies. Proof that such checks have been conducted will be provided by the CONTRACTOR to the CENTER upon request.

The successful RESPONDENT must be able to formally invoice the CENTER for services rendered. Invoices shall be issued on a time and material basis for services rendered. The CENTER will pay invoices within thirty (30) days of receipt (commercial credit) only after services have been performed. The CENTER is a tax-exempt entity.

Independent Contractor. RESPONDENT agrees and understands that, if selected, it and all persons designated by it to provide services in connection with a contract, are and shall be deemed to be independent contractors, responsible for their respective acts or omissions, and that CENTER shall in no way be responsible for RESPONDENT'S actions, and that none of the parties hereto will have authority to bind the others or to hold out to third parties, that it has such authority.

### 013 - SCHEDULE OF EVENTS

Following is a list of **projected dates/times** with respect to this RFP:

RFP Release Date:	January 13, 2026
Pre-Submittal Conference	2:00 P.M. CST on January 28, 2026
Final Questions Accepted:	12:00 P.M. CST on February 11, 2026
Proposal Due:	12:00 P.M. CST on <b>March 12, 2026</b> <del>March 4, 2026</del>

### 014 - INSURANCE REQUIREMENTS

If selected to provide the services described in this RFP, RESPONDENT shall be required to comply with the insurance requirements set forth below. The insurance requirements are non-negotiable and should be adhered to; however, if the RESPONDENT proposes other insurance limits, the CENTER reserves the right to waive or reduce the requirements and to accept any advantages deemed beneficial to the CENTER and its consumers. It is the CENTER'S intent to evaluate proposals, in order to achieve the best value for CENTER employees and operations.

#### INSURANCE

Prior to the commencement of any work under this contract, RESPONDENT shall furnish copies of all required endorsements and completed Certificate(s) of Insurance to the CENTER'S Contracting & Procurement Division, which shall be clearly labeled "**Laboratory Testing Services**" in the Description of Operations block of the Certificate. The Certificate(s) shall be completed by an agent and signed by a person authorized by that insurer to bind coverage on its behalf. The CENTER will not accept a Memorandum of Insurance or Binder as proof of insurance. The Certificate(s) must have the agent's signature and phone number, and be mailed, with copies of all applicable endorsements, directly from the insurer's authorized representative to the CENTER. The CENTER shall have no duty to pay or perform under this contract until such certificate and endorsements have been received and approved by the CENTER'S Contracting & Procurement Division. No officer or employee, other than the CENTER'S Sr. Director of Compliance & Systems Support, shall have authority to waive this requirement.

The CENTER reserves the right to review the insurance requirements of this Article during the effective period of this contract and any extension or renewal hereof and to modify insurance coverage and their limits when deemed necessary and prudent by CENTER'S Sr. Director of Compliance & Systems Support based upon changes in statutory law, court decisions, or circumstances surrounding this contract. In no instance will CENTER allow modification whereby CENTER may incur increased risk.

A RESPONDENT'S financial integrity is of interest to the CENTER; therefore, subject to RESPONDENT'S right to maintain reasonable deductibles in such amounts as are approved by the CENTER, RESPONDENT shall obtain and maintain in full force and effect for the duration of this contract, and any extension hereof, at RESPONDENT'S sole expense, insurance coverage written on an occurrence basis, unless otherwise indicated, by companies authorized to do business in the State of Texas and with an A.M Best's rating of no less than A- (VII), in the following types and for an amount not less than the amount listed below:

TYPE	AMOUNTS
1. Workers' Compensation	Statutory Limits
2. Employers' Liability	\$500,000/\$500,000/\$500,000
3. Broad form Commercial General Liability Insurance to include coverage for the following: a. Premises operations b. Independent Contractors c. Products/completed operations d. Personal Injury e. Contractual Liability f. Damage to property rented by you	For Bodily Injury and Property Damage of \$1,000,000 per occurrence; \$2,000,000 General Aggregate, or its equivalent in Umbrella or Excess Liability Coverage  f. \$100,000
4. Business Automobile Liability a. Owned/leased vehicles b. Non-owned vehicles	Combined Single Limit for Bodily Injury and Property Damage of \$1,000,000 per occurrence

If applicable, RESPONDENT agrees to require, by written contract, that all subcontractors providing goods or services hereunder obtain the same insurance coverage required of RESPONDENT herein and provide a Certificate of Insurance and endorsement that names the RESPONDENT and the Center of Health Care Services as additional insured. RESPONDENT shall provide the CENTER with said certificate and endorsement prior to the commencement of any work by the subcontractor. This provision may be modified by CENTER'S Sr. Director of Compliance & Systems Support, when deemed necessary and prudent, based upon changes in statutory law, court decisions, or circumstances surrounding this contract. Such modification may be enacted by letter signed by CENTER'S Sr. Director of Compliance & Systems Support, which shall become a part of the contract for all purposes.

As they apply to the limits required by the CENTER, the CENTER shall be entitled, upon request and without expense, to receive copies of the policies, declaration page, and all endorsements thereto and may require the deletion, revision, or modification of particular policy terms, conditions, limitations, or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any such policies). RESPONDENT shall be required to comply with any such requests and shall submit a copy of the replacement Certificate of Insurance to CENTER at the address provided below within ten (10) days of the requested change. RESPONDENT shall pay any costs incurred resulting from said changes.

Center for Health Care Services  
Attn: Contracting & Procurement Division  
6800 Park Ten Blvd.  
Suite 200-S  
San Antonio, Texas 78213

RESPONDENT agrees that with respect to the above required insurance, all insurance policies are to contain or be endorsed to contain the following provisions:

- Name the CENTER, its Board of Trustees, employees, and volunteers as additional insured by endorsement, as respects operations and activities of, or on behalf of, the named insured performed under contract with the CENTER, with the exception of the workers' compensation and professional liability policies;
- Provide for an endorsement that the "other insurance" clause shall not apply to the Center for Health Care Services where the CENTER is an additional insured shown on the policy;
- Workers' compensation, employers' liability, general liability and automobile liability policies will provide a waiver of subrogation in favor of the CENTER;
- Provide advance written notice directly to CENTER of any suspension, cancellation, non-renewal or material change in coverage, and not less than ten (10) calendar days advance notice for nonpayment of premium.

Within five (5) calendar days of a suspension, cancellation or non-renewal of coverage, RESPONDENT shall provide a replacement Certificate of Insurance and applicable endorsements to CENTER. CENTER shall have the option to

suspend RESPONDENT'S performance should there be a lapse in coverage at any time during a contract. Failure to provide and to maintain the required insurance shall constitute a material breach of a contract.

In addition to any other remedies the CENTER may have upon RESPONDENT'S failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the CENTER shall have the right to order RESPONDENT to stop work, and/or withhold any payment(s) which become due to RESPONDENT until RESPONDENT demonstrates compliance with the requirements hereof.

Nothing herein contained shall be construed as limiting in any way the extent to which RESPONDENT may be held responsible for payments of damages to persons or property resulting from RESPONDENT'S or its subcontractors' performance of the work covered under a contract.

It is agreed that RESPONDENT'S insurance shall be deemed primary and non-contributory with respect to any insurance or self-insurance carried by the CENTER for liability arising out of operations under a contract.

It is understood and agreed that the insurance required is in addition to and separate from any other obligation contained in a contract and that no claim or action by or on behalf of the CENTER shall be limited to insurance coverage provided.

RESPONDENT and any subcontractors are responsible for all damage to their own equipment and/or property.

### **INDEMNIFICATION REQUIREMENTS**

If selected to provide the services described in this RFP, RESPONDENT shall be required to comply with the Indemnification requirements set forth below. The Indemnification is non-negotiable and should be adhered to; however, if the RESPONDENT proposes modifications to the Indemnification language, the CENTER reserves the right to accept or reject the revised Indemnification. It is the CENTER'S intent to evaluate proposals, in order to achieve the best value for CENTER employees and operations.

### **INDEMNIFICATION**

**RESPONDENT covenants and agrees to FULLY INDEMNIFY, DEFEND and HOLD HARMLESS, the CENTER and the employees, officers, trustees, volunteers and representatives of the CENTER, individually and collectively, from and against any and all costs, claims, liens, damages, losses, expenses, fees, fines, penalties, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including but not limited to, personal or bodily injury, death and property damage, made upon the CENTER directly or indirectly arising out of, resulting from or related to RESPONDENT'S activities under this contract, including any acts or omissions of RESPONDENT, any agent, officer, trustees, representative, employee, RESPONDENT or subcontractor of RESPONDENT, and their respective officers, agents employees, directors and representatives while in the exercise of the rights or performance of the duties under this contract. The indemnity provided for in this paragraph shall not apply to any liability resulting from the negligence of CENTER, its officers or employees, in instances where such negligence causes personal injury, death, or property damage. IN THE EVENT RESPONDENT AND CENTER ARE FOUND JOINTLY LIABLE BY A COURT OF COMPETENT JURISDICTION, LIABILITY SHALL BE APPORTIONED COMPARATIVELY IN ACCORDANCE WITH THE LAWS FOR THE STATE OF TEXAS, WITHOUT, HOWEVER, WAIVING ANY GOVERNMENTAL IMMUNITY AVAILABLE TO THE CENTER UNDER TEXAS LAW AND WITHOUT WAIVING ANY DEFENSES OF THE PARTIES UNDER TEXAS LAW.**

The provisions of this indemnity are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to any other person or entity. RESPONDENT shall advise the CENTER in writing within twenty-four (24) hours of any claim or demand against the CENTER or RESPONDENT known to RESPONDENT related to or arising out of RESPONDENT'S activities under this contract and shall see to the investigation and defense of such claim or demand at RESPONDENT'S cost. The CENTER shall have the right, at its option and at its own expense, to participate in such defense without relieving RESPONDENT of any of its obligations under this paragraph.

015 - RFP ATTACHMENTS

RFP ATTACHMENT A, PART ONE

GENERAL INFORMATION FORM

1. **RESPONDENT Information:** Provide the following information regarding the RESPONDENT. Please tell us about your Business. If your Business is affiliated with a large firm that includes multiple teams around the country, please tell us about your local team/operation.

RESPONDENT Name: \_\_\_\_\_  
(NOTE: Give exact legal name as it will appear on the contract, if awarded.)

Doing Business As: (other business name, if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Website address: \_\_\_\_\_

Year established: \_\_\_\_\_

Provide the number of years in business under present name: \_\_\_\_\_

Social Security Number or Federal Employer Identification Number: \_\_\_\_\_

Texas Comptroller's Taxpayer Number, if applicable: \_\_\_\_\_  
(NOTE: This 11-digit number is sometimes referred to as the Comptroller's TIN or TID.)

UEI Number.: \_\_\_\_\_

Is Business a certified Veteran-Owned Small Business?  Yes  No (If yes, attach all applicable current certifications.)

Business Structure: Check the box that indicates the business structure of the Respondent.

Individual or Sole Proprietorship If checked, list Assumed Name, if any: \_\_\_\_\_

Partnership

Corporation If checked, check one:  For-Profit  Nonprofit

Also, check one:  Domestic  Foreign

Other If checked, list business structure: \_\_\_\_\_

List the name and business address of each person or legal entity, which has a 10% or more ownership or control interest in the Business (attach additional pages as necessary).

\_\_\_\_\_

\_\_\_\_\_

Printed Name of Contract Signatory: \_\_\_\_\_

Job Title: \_\_\_\_\_

(NOTE: This RFP solicits proposals to provide services under a contract which has been identified as "High Profile". Therefore, Respondent must provide the name of person that will sign the contract for the Respondent, if awarded.)

Provide any other names under which Respondent has operated within the last 10 years and length of time under for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide address of office from which this project would be managed:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No: \_\_\_\_\_

Annual Gross Revenue:  \$100K or less  \$101K–\$500K  \$501K–900K  \$901K–\$2.5M  \$2.5M or more

Total Number of Employees: \_\_\_\_\_

Total Number of Current Clients/Customers: \_\_\_\_\_

**2. Contact Information:** List the one person who the CENTER may contact concerning your proposal or setting dates for meetings.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

**3.** Does Respondent anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months?  Yes  No

List the name and business address of each person or legal entity, which has a 10% or more ownership or control interest in the Business (attach additional pages as necessary).

\_\_\_\_\_  
\_\_\_\_\_

**4.** Is Respondent authorized and/or licensed to do business in Texas?  Yes  No  
If “Yes”, list authorizations/licenses.

\_\_\_\_\_  
\_\_\_\_\_

**5.** Where is the Respondent’s corporate headquarters located? \_\_\_\_\_

**6. Local/County Operation:** Does the Respondent have an office located in San Antonio, Texas?

Yes  No If “Yes”, respond to a and b below:

a. How long has the Respondent conducted business from its San Antonio office?

Years \_\_\_\_\_ Months \_\_\_\_\_

b. State the number of full-time employees at the San Antonio office. \_\_\_\_\_

If "No", indicate if Respondent has an office located within Bexar County, Texas:

Yes  No If "Yes", respond to c and d below:

c. How long has the Respondent conducted business from its Bexar County office?

Years \_\_\_\_\_ Months \_\_\_\_\_

d. State the number of full-time employees at the Bexar County office. \_\_\_\_\_

**7. Debarment/Suspension Information:** Has the Respondent or any of its principals been debarred or suspended from contracting with any public entity?  Yes  No If "Yes", identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

\_\_\_\_\_  
\_\_\_\_\_

Are there any proceedings relating to the Business' responsibility, debarment, suspension, voluntary exclusion or qualification to receive a public contract?  Yes  No

If "Yes", state the name of the individual, organization contracted with and reason for proceedings.

\_\_\_\_\_  
\_\_\_\_\_

**8. Surety Information:** Has the Respondent ever had a bond or surety canceled or forfeited?

Yes  No If "Yes", state the name of the bonding company, date, amount of bond and reason for such cancellation or forfeiture.

\_\_\_\_\_  
\_\_\_\_\_

**9. Bankruptcy Information:** Has the Respondent ever been declared bankrupt or filed for protection from creditors under state or federal proceedings?  Yes  No If "Yes", state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

\_\_\_\_\_  
\_\_\_\_\_

**10. Disciplinary Action:** Has the Respondent ever received any disciplinary action, or any pending disciplinary action, from any regulatory bodies or professional organizations?  Yes  No If "Yes", state the name of the regulatory body or professional organization, date and reason for disciplinary or impending disciplinary action.

\_\_\_\_\_  
\_\_\_\_\_

**11. Previous Contracts:**

a. Has the Respondent ever failed to complete any contract awarded?

Yes  No If "Yes", state the name of the organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

---

---

b. Has any officer or partner proposed for this assignment ever been an officer or partner of some other organization that failed to complete a contract?

Yes  No If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

---

---

c. Has any officer or partner proposed for this assignment ever failed to complete a contract handled in his or her own name?

Yes  No If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

---

---

Have liquidated damages or penalty provisions been assessed against the Business for failure to complete the work on time or for any other reason?  Yes  No

**12. Is RESPONDENT, or its employee(s), currently employed/contracted by CENTER?**

Yes  No

Has RESPONDENT, or its employee(s), been employed/contracted by CENTER in the past two (2) years?

Yes  No

If yes to either question, whom and in what role(s) was the person(s) employed/contracted by CENTER? List name, CENTER title, dates of employment/contract and current title:

---

---

---

**13. Background Checks:** Has the Respondent completed criminal history background checks on all current employees?

Yes  No

**REFERENCES**

Provide three (3) references that Respondent has provided services related to the RFP Scope of Services to within the past three (3) years. References should not be current CENTER employees. The contact person named should be familiar with the day-to-day management of the contract and be willing to respond to questions regarding the type, level, and quality of service provided. **Upon submission, references are considered proprietary and confidential information.**

**Reference No. 1:**

Firm/Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Date and Type of Service(s) Provided: \_\_\_\_\_

\_\_\_\_\_

**Reference No. 2:**

Firm/Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Date and Type of Service(s) Provided: \_\_\_\_\_

\_\_\_\_\_

**Reference No. 3:**

Firm/Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Date and Type of Service(s) Provided: \_\_\_\_\_

\_\_\_\_\_

## RFP ATTACHMENT A, PART TWO

### **EXPERIENCE, BACKGROUND, QUALIFICATIONS**

Prepare and submit narrative responses to address the following items. If RESPONDENT is proposing as a team or joint venture, provide the same information for each member of the team or joint venture.

1. Describe RESPONDENT'S company history, evidencing its strengths and stability, including number of years in business, licensing information (if applicable), number of years providing the type of service included in this RFP, existing customer satisfaction data, number of customers in Texas and areas covered in Texas.
2. Describe RESPONDENT'S experience relevant to the Scope of Services requested by this RFP. List and describe relevant projects of similar size and scope performed over the past four years.
3. Describe RESPONDENT'S specific experience with clients, especially large organizations with multiple locations. If RESPONDENT has provided services for the CENTER in the past, identify the name of the contract and service provided.
4. Provide a list of Electronic Health Record systems that RESPONDENT works with and describe the scope of services provided.
5. Please describe RESPONDENT'S experience working with Methadone clinics.
6. List other resources, including total number of employees, number and location of offices, number and types of equipment available to support this project.
7. State the primary work assignment and the percentage of time key personnel will devote to the project if awarded the contract.
8. Please feel free to include any additional skills, experiences, qualifications, and/or other relevant information about the RESPONDENT'S qualifications.
9. List all licenses, credentials, certifications, and/or accreditations the RESPONDENT currently holds.

## RFP ATTACHMENT A, PART THREE

### PROPOSED PLAN

Prepare and submit the following items. All questions must be answered.

1. Describe procedure for performing services for the CENTER per RFP scope.
2. Describe procedure for obtaining specimens for lab testing and turnaround time for results. CENTER staff should be able to view and print lab results online. Include compatibility with electronic health record systems and provide examples.
3. Describe the software or system that RESPONDENT uses for order processing and CENTER'S role as a provider in its use. Does the RESPONDENT have any prior or current experience working with the electronic health record from NetSmart called myAvatar? If yes, provide an example of a challenge faced and the solution provided.
4. For the sake of composing useful analytical reports, list the data elements RESPONDENT'S software captures for each consumer specimen processed.
5. What monthly reports does RESPONDENT customarily run and provide for other Clinics/Centers?
6. What types of reports would RESPONDENT recommend that we monitor on an ongoing basis?
7. Are there courier services available after standard business hours and if so, what are the hours of service, and at what cost?
8. Explain how RESPONDENT can assist CENTER clinics to establish point of care testing, and what training and support RESPONDENT will offer.
9. Provide a description of the standard supplies that will be provided to the clinic and RESPONDENT'S turnaround time for re-ordering supplies.
10. Does the RESPONDENT offer on-site Technical Services (Phlebotomist, equipment, etc.)? What is the cost associated with this service?
11. Is there a limit to the number of technical services offered? Additionally, is there a lab volume threshold to be met in order to offer the laboratory technical services on-site at an existing CENTER location?
12. Describe how coverage will be maintained for RESPONDENT'S employees on PTO, FMLA, etc. in the case of providing technical services as described in #10.
13. Explain RESPONDENT'S policies and any additional charges for removal of bio-hazardous materials or infectious waste along with sharps containers from the CENTER locations.
14. Provide a detailed implementation and training timeline of events the CENTER can expect if RESPONDENT is awarded the contract.
15. What protocols does RESPONDENT have in place to ensure that all employees maintain training, credentialing and licensing requirements?
13. What opportunities for discounts do RESPONDENT offer? Describe those opportunities.
16. Describe proposed pricing of lab services provided within Attachment B of RESPONDENT'S response.
17. Describe RESPONDENT'S financial hardship program and how it would work for CENTER consumers who qualify.
18. Describe billing process and when CENTER consumers would receive a bill and when CENTER will be billed for service(s) provided.

19. Explain your ability to make cost saving suggestions and how CENTER could expect RESPONDENT'S assistance in saving money on laboratory expenses.
20. Elaborate on any processes, systems or services RESPONDENT can offer to CENTER that RESPONDENT believes sets it apart as an organization of choice.
21. Briefly explain RESPONDENT'S quality assurance program.
22. Does RESPONDENT subcontract any portion of lab services to a third party? If yes, please describe and name subcontracted entity.
23. Describe how and how often the packaging and transportation of routine specimens will occur.
24. Thoroughly describe the process for Urgent labs and Stat labs, including courier and turnaround timelines.
25. What is the associated cost/fees for lab test that are ordered by prescriber as "Stat" or "Urgent" basis?
26. Describe what type of work area/equipment/supplies CENTER will need to provide to support assistance with lab testing in CENTER locations. List the space, equipment and supplies provided by location and what lab service equipment provided by the RESPONDENT will need to be stored on CENTER premises.
27. Outline the RESPONDENT'S customer service resolution process and provide timeline for resolution if escalation of concerns is required. How does RESPONDENT ensure that customer concerns are addressing timely and satisfactorily? Will RESPONDENT provide a dedicated account service staff for the CENTER'S account with a list of contacts (phone and email)? Will there be different points of contact for potential issues faced such as software/IT interface, resulting/reporting, and prescriber order entry?
28. Specifically as it relates to IT customer service, is there a dedicated IT helpline where items such as pulling HL7 messages is available?
29. Describe your contingency plans if there is downtime or outages in equipment software or hardware?

**RFP ATTACHMENT B**

**PRICE SCHEDULE**

The Proposal should include all fees to provide services listed in this RFP. Provide a price list of services requested within Scope of Services utilizing the table below. Include, at a minimum, all testing listed in Section 004 – Scope of Services.

NOTE: The CENTER does not pay sales or use tax and such taxes cannot be passed on to the CENTER in any form.

Table Represents FY24-25 Lab Tests with Volumes; Approximate volume = 38,000 to 39,000/year

Lab Name	CPT or Procedure Code	FY24-25 Quantity	Proposed Price of Test or Service	Stat or Urgent Testing Fee
PDM TEST, 01-12	n/a	3758		
**Drug Monitoring Panel 3, 5, 6, 8 W/CONF	80307	3726		
**DM ALC METAB W/C,	80307	2622		
**DM HEROIN MET W/C	39376	2595		
CBC (DIFF/PLT)	85025	2256		
HEMOGLOBIN A1C	83036	2164		
COMP METAB PNL	80053	2151		
**DM FENT W/CONF, U	39375	1865		
HDL-CHOLESTEROL	83718	1813		
TRIGLYCERIDES	84478	1813		
CHOLESTEROL, TOTAL	82465	1767		
TSH W/REFL FT4	84443	1326		
DRAW FEE, PSC SPEC.	36415	940		
HEP C AB W/REFL HCV	86803	708		
HEP B SURF AG W/CONF	87340	702		
HIV1/2 AG/AB,4 W/RFL	87389	695		
DEF TEST 1 (G0480)	n/a	680		
**DM ALC METAB U	80321	425		
**DM MARIJUANA M QN	80349	417		
HEP A IGM AB	86709	412		
HEP B CORE IGM AB	86705	412		
**DM BUP W/C INCL N	39373	408		
RPR(DX)REFL FTA	86592	403		
CT/GC RNA,TMA,UROGEN	87491X1 87591X1	318		
TSH	84443	307		
HCV RNA BY PCR,QT	87522	303		
RPR(MONITOR)(REFL)	86592	294		
UA, COMPLETE	81001	291		
**DM BUP AND NAL QN	80348X1 80362X1	269		
**DM OPIATES QN U	80361	207		
DEF TEST 2 (G0480)	n/a	205		
T-3 UPTAKE	84479	196		
T-4 (THYROXINE)	84436	196		

**DM AMPHETAMINES Q	80324	184		
DEF TEST 3 (G0480)	n/a	126		
T-4, FREE	84439	125		
LITHIUM	80178	100		
VALPROIC ACID	80164	100		
VIT D,25-OH,TOTAL,IA	82306	99		
	80053X1			
CHEM TEST 15	82248X1	98		
**DM BENZO QN U	80346	81		
HCG TOTAL QL	84703	75		
**DM FENTANYL,QN,U	80354	74		
CBC(H/H,RBC,WBC,PLT)	85027	72		
RPR TITER	86593	57		
DEF TEST 4 (G0480)	n/a	50		
CULT, (U) ROUTINE	87086	49		
PRESUMPTIVE ID 1 M	87088	44		
**DM COCAINE MET QN	80353	42		
**DM FENT W/CONF, U	39375	34		
PSA, TOTAL	84153	31		
T. PALLIDUM AB	86780	30		
QUANTIFERON(R) PL 1T	86480	27		
BASIC METAB PNL	80048	26		
**DM HEROIN METAB,Q	80356	25		
**DM 6 W/CONF	39428	25		
VALPROIC ACID, FREE	80165	24		
ORG ID 1	87077	23		
PRO TIME WITH INR	85610	23		
LIPID W/TRIG/HDL-C	37848	21		
**DM 3 W/CONF	39423	19		
**DM ME METAB QN U	80358	18		
AUTOMATED PAP & RWV	88175	18		
SUSC-1	87186	17		
**DM 5 W/CONF	39425	14		
**DM ALC METAB W/C,U	39366	14		
**DM HEROIN MET W/C,U	39376	14		
CREATININE RAND (U)	82570	14		
MICROALBUMIN RAND UR	82043	14		
PROLACTIN	84146	13		
HPV RNA HR E6/E7 TMA	87624	11		
DEF TEST 5 (G0480)	n/a	10		
HANDLING CHARGE	99001	8		
	86701X1			
HIV 1/2 AB DIFF	86702X1	8		
ANA W/RFX	86038	7		
HCG, TOTAL (U) QL	81025	7		
HIV 1 RNA, QL RT PCR	87535	7		

IRON, TOTAL	83540	7		
STAT ASSAY 1	99199	7		
T-3, FREE	84481	7		
VITAMIN B12	82607	7		
	80053X1			
	82248X1			
CHEM TEST 16	84100X1	6		
DM ANTIPSYCHOTICS, U	80307	6		
HEPATIC FUNC PNL	80076	6		
LIPASE	83690	6		
TRANSPORT FEE 26	99001	6		
**DTM CONF ME, ORAL	80358	5		
TRICHOMONAS VAG RNA, Q	87661	5		
**DM BUP W/C INCL NAL	39372	4		
ANTIDEPRESSANTS, U	80307	4		
CHEM TEST 14	80053	4		
DEF TEST 6 (G0480)	n/a	4		
PTT, ACTIVATED	85730	4		
ANA TITER&PATTERN	86039	3		
ANTIPSYCHOTIC(U)CONFIR	80342	3		
CLOZAPINE (CLOZARIL)	80159	3		
DIRECT LDL	83721	3		
HCG W/GEST TABLE	84702	3		
	83540X1			
IRON, TOTAL, & IBC	83550X1	3		
MAGNESIUM	83735	3		
**DM 8 W/CONF	39430	2		
ANTIDEPRESSANT(U)CONF	80332	2		
BORON;B	n/a	2		
CARBAMAZEPINE, TOTAL	80156	2		
	87205X1			
	87075X1			
CULTURE,AEROB/ANAER	87070X1	2		
CYTYC PAP & RVW	88175	2		
DEFINITIVE 1 W/ EXP OP	n/a	2		
DTM ORAL FL TEST 13	n/a	2		
FERRITIN	82728	2		
H.PYLORI BREATH TEST	83013	2		
	86695X1			
HSV 1/2 HERPES(REFL)	86696X1	2		
IV-PATH,G&M,1SP,PC	88305	2		
MALB, RAND UR W/O CR	82043	2		
PATH REVIEW, LIQ PAP	88141	2		
**DM OXYCODONE QN U	80365	1		
**DM PCP QN U	83992	1		
AMMONIA (P)	n/a	1		
CT RNA,TMA,UROGEN	87491	1		

FECAL IMMUNOCHEM	82274	1		
HETEROPHILE, MONO	86308	1		
HSV2 INHIBITION	86696	1		
LAMOTRIGINE	80175	1		
METHADONE, SERUM	80299	1		
PSA FREE & TOTAL	84154	1		
RHEUMATOID FACTOR	86431	1		
SCL-70	86235	1		
SJOGRENS AB (SS-B)	86235	1		
SS A RO AB(IGG)EIA	86235	1		
UA,COMP W/RFL CULT	81001	1		
URIC ACID	84550	1		

**RFP ATTACHMENT C**

**SIGNATURE PAGE**

I, individually and on behalf of the business named above, do by my signature below certify that the information provided in this questionnaire is true and correct and I am authorized to bind the RESPONDENT contractually. I understand that if the information provided herein contains any false statements or any misrepresentations: 1) The CENTER will have the grounds to terminate any or all contracts which the CENTER has or may have with the business; 2) The CENTER may disqualify the business named above from consideration for contracts and may remove the business from the CENTER'S bidders list; or/and 3) The CENTER may have grounds for initiating legal action under federal, state, or local law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner  
(Owner, CEO, President, Majority Stockholder or  
Designated Representative)

\_\_\_\_\_  
Date



**RFP ATTACHMENT E**

**PROPOSAL CHECKLIST**

Use this checklist to ensure that all required documents have been included in the Proposal and appear in the correct order.

Document	Initial to Indicate Document is Attached to Proposal
Table of Contents	
Executive Summary	
Assurances	
General Information and References RFP Attachment A, Part One	
Experience, Background & Qualifications RFP Attachment A, Part Two	
Proposed Plan RFP Attachment A, Part Three	
Price Schedule RFP Attachment B	
Proof of Insurability - Submit Copy of Current Certificate of Insurance	
*Signature Page RFP Attachment C	
*Conflicts of Interest Statement RFP Attachment D	
Proposal Checklist RFP Attachment E	
One (1) Original, five (5) hard copies and one (1) USB with entire proposal in PDF or Microsoft Word format	

**\*Documents marked with an asterisk on this checklist require a signature. Be sure they are signed prior to submittal of proposal.**