



February 2014

Chlamydia Screening Program Concept Paper
EPIN: TBD

Purpose of the RFP

The Department of Health and Mental Hygiene (DOHMH) proposes to issue an RFP to provide testing, treatment and education related to Chlamydial infections and other sexually transmitted diseases (STDs). There were over 57,000 cases of Chlamydia (Ct) reported in New York City (NYC) in 2012. Chlamydia disproportionately impacts young women 15-24 years old in NYC; the peak case rates were among women ages 15-19 (case rate 5,125.79 per 100,000) and ages 20-24 (4,250.37 per 100,000). The female case rate was highest in the borough of the Bronx (1,592 per 100,000 in 2012), followed by Brooklyn (1,013 per 100,000). Even though the Centers for Disease Control (CDC) recommends screening for Chlamydia infection in all sexually active young women ages 25 and younger and women >25 years who are at increased risk, annual Chlamydia screening does not always occur. Furthermore, reinfection rates remain high among individuals that are diagnosed and treated for Chlamydia, particularly if the patient's sex partner is not treated for Chlamydia and re-infects that patient.

In the past, DOHMH has funded Title X clinics serving NYC residents to screen young women and their sex partners for Chlamydia and Gonorrhea. Recognizing that high risk individuals seek sexual health care at many different types of facilities including Title X clinics, reproductive health centers, federally qualified health centers, school-based health centers and other community-based health centers, DOHMH proposes to issue an RFP to enable facilities that serve uninsured, high risk populations of young women to increase Chlamydia and Gonorrhea screening and treatment.

The Goals of the RFP

The goals of this solicitation are:

1. To prevent infertility caused by untreated Chlamydial infections and other STDs.
2. To improve the delivery of Chlamydia and Gonorrhea screening to the women of reproductive age under 26 years of age who are uninsured or underinsured in high morbidity neighborhoods throughout New York City, using recommended testing technology.
3. To provide STD treatment to those infected patients in order to mitigate adverse sequelae including pelvic inflammatory disease and infertility.
4. To educate women of reproductive age and their partners about STDs.
5. To ascertain the most accurate Chlamydia prevalence estimates through improved data collection systems.

The selected contractors will provide these activities under guidelines of the 2010 CDC STD Treatment Guidelines (<http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>).

Program Information

Contractors must be licensed in New York State as Article 28 Diagnostic and Treatment Centers and have a significant portion of patients who are uninsured or underinsured. The Article 28 clinics must be located in the target geographical areas listed below or have a substantial proportion of their clinic population who reside in these areas, or are homeless or reside in transitional housing:

The target geographic locations are as follows:

- **Brooklyn** – Crown Heights, East New York, East Flatbush, Williamsburg, and Canarsie, focusing on the following zip codes: 11212, 11207, 11208, 11226, 11221, 11233, 11236, 11206, 11203.
- **Bronx** – Morrisania, Crotona, Fordham, and NE Bronx, focusing on the following zip codes: 10456, 10452, 10453, 10467, 10457, 10466, 10458, 10468, 10460, 10469.
- **Manhattan** – East Harlem, focusing on the following zip code: 10029.

Other or additional zip codes may be added to all service areas during the course of the contract(s) as determined by DOHMH.

The expected service hours would coincide with the providers' clinical facilities hours.

The target population is women of reproductive age under 26 years of age in high morbidity neighborhoods throughout New York City.

Objectives of the RFP

The agency's objectives with respect to the forthcoming RFP are as follows:

1. **Testing**: Contractors will conduct annual Chlamydia screening using a dual Chlamydia/Gonorrhea Nucleic Acid Amplification Testing (NAAT) test for women meeting the target criteria, currently defined by the CDC STD Treatment Guidelines as all sexually active women under 26 years of age.. Tests should be conducted using CDC recommended test technology, NAAT testing and must be collected at a standing clinic (mobile vans are not permitted). Each contract would cover up to 2,000 Chlamydia/Gonorrhea tests per year. While annual screening of all eligible patients is recommended, funds from this RFP must be used as the payer of last resort, and therefore can only go towards patients who are uninsured.
2. **Treatment**: Contractors would be expected to treat all clients who test positive for Chlamydia using standard NAAT laboratory tests, or who meet the presumptive treatment criteria with treatment recommended in the most recently released CDC treatment guidelines. Funds can be used to treat any uninsured client who test positive for Chlamydia, based on current positivity rates (7-15%) in female patients under 26 years of age.
3. **Expedited Partner Therapy**: Expedited Partner Therapy (EPT), which was signed into law in New York State in 2009, allows health care providers to provide patients being treated for Chlamydia with medication or a prescription to deliver to his or her sex partner(s) without a prior medical evaluation of those partners. More information about EPT, including patient and provider guides, can be found on at (<http://www.nyc.gov/html/doh/html/living/ept.shtml>).

4. Contractors would ensure that a written protocol is implemented for contacting any patients with positive test results who need treatment; contractors would use phone, certified mail and other mechanisms to ensure follow-up. If persons who test positive do not respond to contact attempts within 14 days after laboratory confirmation for their follow-up treatment, verify that the vendor contacts DOHMH Sexually Transmitted Disease Bureau to conduct a field investigation to locate the patient.
5. The contractor would conduct patient referral for all persons diagnosed with either Chlamydia/Gonorrhea (inform patients that they should notify their partners of exposure to infection and of the need for medical evaluation and treatment irrespective of whether they received EPT).
6. For recipients that do not provide services to males, the contractor would provide referral for male partners of STD-infected patients using the following mechanisms:
 - The contractor would give partner notification letters to patients to give to their partners, and/or provide counseling on partner notification as appropriate.
 - The contractor would maintain documentation of referral to DOHMH clinics, or other clinics offering male sexual health services and EPT.
 - The contractor would also be expected to participate in DOHMH-sponsored calls and meetings, including annual site visits, biannual conference calls/webinars, and other related activities.

Reporting Requirements

Contractors would be expected to comply with all public health reporting requirements including the submission of provider reports to the DOHMH for all cases of Chlamydia and Gonorrhea. A paper version of the Universal Reporting Form (URF) can be found here:

<http://www.nyc.gov/html/doh/downloads/pdf/std/uni-rpt-form.pdf> or reports can be submitted online via Reporting Central (<http://www.nyc.gov/html/doh/html/hcp/hcp-urf1.shtml>).

On a quarterly basis, contractors would need to submit to the DOHMH accurate and complete line-listed data from their electronic health record in a standard format that will be specified by DOHMH. Data would include all patients screened for Chlamydia, irrespective of funding source. Required data elements would include: a unique identifier (that can link multiple testing events for each unique patient and that can be linked back to the patient's medical record for Quality Assurance purposes if necessary), age, sex, race, ethnicity, insurance coverage (categories will be provided), date of specimen collection, Chlamydia/Gonorrhea test result, treatment, and whether EPT was offered (yes/no), whether EPT was accepted (yes/no), whether EPT was received (yes/no), and the number of EPT doses distributed.

Planned Method of Evaluating Proposals

Proposals will be evaluated pursuant to criteria that will be specified in the RFP. This will include the quality of the proposer's approach and program design for each key service area comprising the Chlamydia Screening Program. In addition, the evaluation will assess the proposer's successful, relevant experience providing similar services. Proposals will also be evaluated based on the

organization's staffing model and organizational structure as it relates to capacity to deliver these services.

Use of HHS Accelerator

To respond to the forthcoming Chlamydia Screening Program RFP and all other client and community services (CCS) Requests for Proposals (RFPs), vendors must be appropriately qualified in the City's Health and Human Services (HHS) Accelerator System. The HHS Accelerator System is a web-based system maintained by the City of New York for use by its human services Agencies to manage procurement.

Only organizations with approved HHS Accelerator Business Application and Service Applications for one or more of the following service areas will be eligible to propose:

- **Diagnostic Testing**
- **Disease Control**
- **Health Education and Supports**

To submit a Business and Service application to become eligible to apply for this and other CCS RFPs, please visit <http://www.nyc.gov/hhsaccelerator>.

Proposed Term of the Contract(s)

It is anticipated that the term of the contracts awarded from this RFP will be January 1, 2015 through December 31, 2018. The contracts may include renewal options, depending upon the availability of funding. The specific duration of the initial term and any renewal options will be determined by DOHMH prior to award.

Procurement Timeline

It is anticipated that the RFP issuance date would be in early Spring 2014, with an approximate proposal due date in late Spring 2014, and expected award decisions in late Summer 2014.

Funding Information

The total anticipated funding for the first contract year is \$374,125 for all contracts awarded from the RFP. The agency expects to make up to five (5) contract awards, at an average funding level of \$74,825 per award per year. The total anticipated funding for the procurement is \$1,496,500; the actual funding will depend upon the availability of funds.

Contact Information /Deadline for Questions/Comments

Comments are invited by no later than March 14, 2014. Please email rfp@health.nyc.gov and indicate Chlamydia Screening Program Concept Paper in the subject line of the email. Alternatively, written comments may be sent to the following address:

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