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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527  
603-271-4661 1-800-852-3345 Ext. 4661  
Fax: 603-271-4760 TDD Access: 1-800-735-2964



Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

May 16, 2013

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

100% general

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Laboratory Services, Public Health Laboratories to amend an agreement with Pathways Professional Association Purchase Order # 1018365 (Vendor #155285/B001), 250 Pleasant Street, Concord, NH, 03301, by increasing the Price Limitation by \$20,000.00 from \$20,000.00 to \$40,000.00 to provide pathologist services to satisfy the Clinical Laboratory Improvement Amendments (CLIA) requirements for a Laboratory Director for laboratories performing high complexity testing, and extend the Completion Date to June 30, 2015, effective July 1, 2013 or the date of Governor and Council approval, whichever is later. This agreement was originally approved by Governor and Council on August 24, 2011, Item #39.

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-903010-5230 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2012	020-500239	Current Expense	90059000	\$10,000.00	\$0.00	\$10,000.00
SFY 2013	020-500239	Current Expense	90059000	\$10,000.00	\$0.00	\$10,000.00
SFY 2014	020-500239	Current Expense	90059000	\$0.00	\$10,000.00	\$10,000.00
SFY 2015	020-500239	Current Expense	90059000	\$0.00	\$10,000.00	\$10,000.00
			Total	\$20,000.00	\$20,000.00	\$40,000.00

EXPLANATION

Funds in this amendment will allow the Public Health Laboratories (PHL) to continue to comply with federal statues regulating clinical laboratories as revised by the Clinical Laboratory Improvement Amendments (CLIA), Part 493, subpart M of the amendment which details the minimum qualifications for all personnel working in laboratories performing tests on human specimens. A Pathologist, Board Certified in Anatomic and/or Clinical Pathology or other individual qualified under the Clinical Laboratory Improvement Amendments regulations, is needed to meet the qualifications for "Laboratory Director." No individual who meets these

qualifications, as defined by Clinical Laboratory Improvement Amendments regulations, is employed by the NH Department of Health and Human Services. Contracting for this service is the most cost-effective means to comply with the federal mandate.

Should Governor and Executive Council not authorize this Request, the Public Health Laboratories will be out of compliance with Clinical Laboratory Improvement Amendments rules and its license to operate could be revoked.

Pathways Professional Association was selected for this service through a competitive bid process. The Request for Proposals was posted, April 18, 2011 to May 20, 2011, on the Department of Health and Human Services web site. Also, a copy of the Request for Proposals was sent to other laboratory partners as part of the Laboratory Response Network.

Pathways Professional Association was the only vendor to respond to the Request For Proposals. Pathways Professional Association's response was reviewed by three staff members from the Public Health Laboratories. Each reviewer has on average, over 30 years of experience in the medical laboratory field, and knowledge of Clinical Laboratory Improvement Amendments requirements. The bid summary is attached.

As referenced in the original letter approved by Governor and Council on August 24, 2011, Item #39, and in the Request for Proposal, Renewals Section, this competitively procured Agreement has the option to amend or renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Division is exercising this option. These services were contracted previously with this agency in SFY 2012 and SFY 2013 in the amount of \$10,000.00 each SFY. This represents level funding.

The following performance measures will be used to measure the effectiveness of the agreement:

1. Testing systems developed and used for each of the tests performed in the laboratory are reviewed by the Pathologist for all aspects of test performance, which includes the pre-analytic, analytic, and post-analytic phases of testing.
2. Routine periodic laboratory site visits are made by the Pathologist to address the requirements presented in the Scope of Services; minimum number of visits are one visit per month.
3. Results of all proficiency tests are reviewed and signed-off by the Pathologist.

Area served: Statewide.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
May 16, 2013  
Page 3

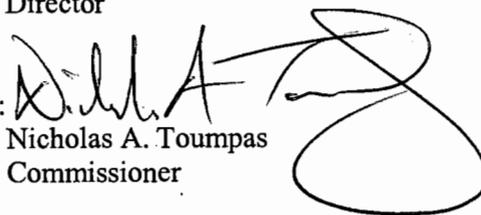
Source of Funds: 100% General Funds.

Respectfully submitted,



José Thier Montero, MD  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

**Program Name**  
**Contract Purpose**  
**RFP Score Summary**

Bureau of Laboratory Services, Public Health Laboratories  
 Laboratory Director as defined by CLIA

RFA/RFP CRITERIA	Max Pts	Pathways Professional Assoc.	Bidder Name, Town, St						
Bidder Description	20	18.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fee Schedule	35	35.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Documentation	45	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total</b>	<b>100</b>	<b>93.33</b>	<b>0.00</b>						

<b>BUDGET REQUEST</b>									
Year 01		10,000.00	-	-	-	-	-	-	-
Year 02		10,000.00	-	-	-	-	-	-	-
Year 03									
<b>TOTAL BUDGET REQUEST</b>		<b>20,000.00</b>	<b>-</b>						
<b>BUDGET AWARDED</b>									
Year 01		10,000.00	-	-	-	-	-	-	-
Year 02		10,000.00	-	-	-	-	-	-	-
Year 03									
<b>TOTAL BUDGET AWARDED</b>		<b>20,000.00</b>	<b>-</b>						

<b>RFP Reviewers</b>		<b>Name</b>	<b>Job Title</b>	<b>Dept/Agency</b>	<b>Qualifications</b>
1		Mary J. Holliday	Finance Administrator	PHL/DHHS	Each Program Manager has, on average, over 30 years of experience in a laboratory, and CLIA requirements.
2		Daniel Tullo	Micro Program Mngr.	PHL/DHHS	
3		Christine Bean	PHL Lab Director	PHL/DHHS	

**AMENDMENT ONE**

This agreement (hereinafter called the "Amendment One") dated this 2<sup>nd</sup> day of May, 2013 is by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Pathways Professional Association, Purchase Order Number 1018365, a professional association organized under the laws of the State of New Hampshire, with a place of business at 250 Pleasant Street, Concord, NH 03301 (hereinafter referred to as the "Contractor").

**WHEREAS**, pursuant to an agreement (hereinafter called the "Agreement") dated August 24, 2011, Item #39, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

**WHEREAS**, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Executive Council;

**WHEREAS**, the Contractor and the Division have agreed to amend the Agreement in certain respects;

**NOW THEREFORE**, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

**1. Amendment and Modification of Agreement:**

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2015.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$20,000.00 from \$20,000.00 to \$40,000.00.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A and any subsequent amendments remain(s) in effect unless expressly revoked by this agreement.

*[Handwritten Signature]*

5.2.13

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$10,000.00 for SFY 2014 and \$10,000.00 for SFY 2015. The contract shall total \$40,000.00 for the contract term.

Funding in the amount of \$20,000.00 is available from 05-95-90-903010-5230-020-500239, 100% General Funds.

2. **Effective Date of Amendment:**

This Amendment shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

3. **Continuance of Agreement:**

Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

The remainder of this page is intentionally left blank.

*Jm*

5.2.13

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

**STATE OF NEW HAMPSHIRE**  
**Division of Public Health Services**

By: *Lisa L. Bujno* 6-5-13  
Lisa L. Bujno, APRN Date  
Bureau Chief

By: *Gregory J. ... President* 5.2.13  
Name and Title of Contractor Signator Date  
Pathways Professional Association  
Legal Name of Agency

STATE OF NEW HAMPSHIRE  
COUNTY OF Merrimack

On this the 2<sup>nd</sup> day of MAY 2013, before me, Cathy Ahrens,  
(name of notary)  
the undersigned officer, Gary York personally appeared who acknowledged him/herself  
(contract signatory)  
to be the President of the Pathways Professional Association,  
(signatory's title) (legal name of agency)  
a corporation, and that he/she, as such President, being authorized so to do,  
(signatory's title)  
executed the foregoing instrument for the purposes therein contained, by signing the name of the  
corporation by him/herself as President of the Pathways Professional Association,  
(signatory's title) (legal name of agency)

In witness whereof I hereunto set my hand and official seal.

Cathy Ahrens  
Notary Public/Justice of the Peace  
**My Commission Expires 12/26/15**



My Commission expires:

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Jeanne P. Henrich  
Jeanne P. Henrich  
Assistant Attorney General

Date: 27 May 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of  
New Hampshire at the Meeting on: \_\_\_\_\_

OFFICE OF THE SECRETARY OF STATE

By: \_\_\_\_\_

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

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PATHWAYS PROFESSIONAL ASSOCIATION is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on August 31, 1979. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2<sup>nd</sup> day of May, A.D. 2013

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Timothy Gorman of Pathways Professional Association, do hereby certify that:

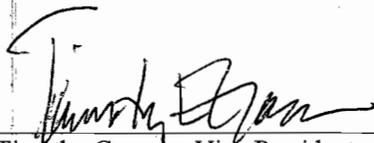
- 1. I am the duly elected Vice President of Pathways Professional Association (PPA);
- 2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Pathways Professional Association, duly held on April 1, 2013;

RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the President is hereby authorized on behalf of this corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Gary York is duly elected President of the corporation.

- 3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 2, 2013.

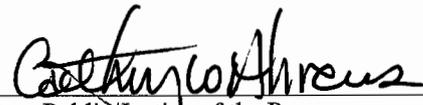
IN WITNESS WHEREOF, I have hereunto set my hand as the Vice President of the corporation this 2<sup>nd</sup> day of May, 2013.

  
\_\_\_\_\_  
Timothy Gorman, Vice-President

STATE OF NH  
COUNTY OF MERRIMACK

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of May, 2013.  
by ~~Cathy Ahrens~~

Timothy Gorman *at*  
5/2/13

  
\_\_\_\_\_  
Notary Public/Justice of the Peace  
My Commission Expires: 12/2015

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

05/17/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Kilbride & Harris Insurance Services LLC 210 Western Avenue So. Portland, ME 04106 Joseph A. Kilbride, CPCU	<b>Phone: 207-774-7919</b> <b>Fax: 207-774-7920</b>	<b>CONTACT NAME:</b> Melony Hunt LeShane <b>PHONE (A/C, No, Ext):</b> 207-774-7919 <b>E-MAIL ADDRESS:</b> mhunt@khinsurance.com <b>FAX (A/C, No):</b> 207-774-7920
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Pathways Professional Ass'tion Attn: Ms. Maryia Gooding PO Box 1849 Lewiston, ME 04241	<b>INSURER A : Coverys</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Professional Liability</b>			<b>2-15079</b>	<b>06/01/2013</b>	<b>06/01/2014</b>	<b>Per Claim 2,000,000</b> <b>Aggregate 6,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

A separate limit of liability applies to corporation, Pathways Professional Association, Gary York, MD, Timothy E. Gorman, MD, and Cristina Taylor, MD. Robinson, PA

**CERTIFICATE HOLDER****CANCELLATION**

<b>NHMCAID</b>  New Hampshire Dept. of Health & Human Services 29 Hazen Drive Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Joseph A. Kilbride, CPCU
--	---

Client#: 29635

PATHW

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2013

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PRODUCER: Davis Towle Morrill & Everett, 115 Airport Road, P O Box 1260, Concord, NH 03302-1260. CONTACT NAME: Davis Towle Morrill & Everett. PHONE (A/C, No, Ext): 603 225-6611. FAX (A/C, No): 603-225-7935. E-MAIL ADDRESS: [blank]. INSURER(S) AFFORDING COVERAGE: Merchants Mutual Insurance Co. NAIC #: [blank]. INSURED: Pathways Professional Association, ATTN: Tim Whetstine, MBA, P.O. Box 1849, Lewinston, ME 04241. INSURER B: [blank]. INSURER C: [blank]. INSURER D: [blank]. INSURER E: [blank]. INSURER F: [blank].

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: GENERAL LIABILITY (EACH OCCURRENCE, DAMAGE TO RENTED PREMISES, MED EXP, PERSONAL & ADV INJURY, GENERAL AGGREGATE, PRODUCTS - COMP/OP AGG), AUTOMOBILE LIABILITY (ANY AUTO, ALL OWNED AUTOS, HIRED AUTOS, SCHEDULED AUTOS, NON-OWNED AUTOS), UMBRELLA LIAB, EXCESS LIAB, WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (WCA6145058, 01/13/2013, 01/13/2014, E.L. EACH ACCIDENT \$500,000, E.L. DISEASE - EA EMPLOYEE \$500,000, E.L. DISEASE - POLICY LIMIT \$500,000).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
\*\* Workers Comp Information \*\*
Voluntary Compensation
Proprietors/Partners/Executive Officers/Members Excluded:
Gary York
Timothy Gorman
Christine Taylor

CERTIFICATE HOLDER: State of NH, Department of Human Services, Attn: Contract & Procurement Unit, 129 Pleasant Street, Concord, NH 03301. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4661 1-800-852-3345 Ext. 4661
Fax: 603-271-4760 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

July 20, 2011

Approved F/C \_\_\_\_\_

Date \_\_\_\_\_

Approved G&C # 39 \_\_\_\_\_

Date 8/24/11 \_\_\_\_\_

Not Approved \_\_\_\_\_

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Laboratory Services, Public Health Laboratories, to enter into an agreement with Pathways Professional Association (Vendor #155285/B001), 250 Pleasant Street, Ste 1250, Concord, NH 03301, in an amount not to exceed \$20,000.00, to provide pathologist services to satisfy the Clinical Laboratory Improvement Amendments (CLIA) requirements for a Laboratory Director for laboratories performing high complexity testing, to be effective July 1, 2011 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following account for SFY 2012 and SFY 2013, with authority to adjust amounts if needed and justified, between State Fiscal Years.

05-95-90-903010-5230 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES

Table with 5 columns: Fiscal Year, Class/Object, Class Title, Job Number, Total Amount. Rows include SFY 2012, SFY 2013, and a Total row.

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His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
July 20, 2011

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Area served: Statewide.

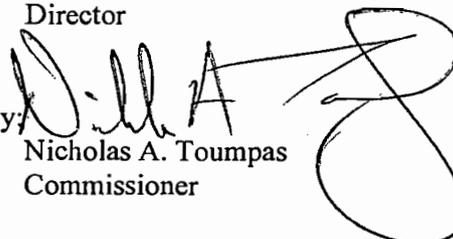
Source of Funds: 100% General Funds

Respectfully submitted,



José Thier Montero, MD  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

JTM/MH/sjw