REQUEST FOR

DIGITAL
X-RAY SERVICES
ON
THE ISLAND OF OAHU

FOR

THE DEPARTMENT OF HEALTH

TUBERCULOSIS CONTROL BRANCH

NOTICE TO ALL OFFERORS

ONLY THOSE VENDORS THAT ARE HCE COMPLIANT WILL BE CONSIDERED

This is a HIePRO Solicitation for Indefinite Quantity

SPECIFICATIONS

BACKGROUND:

The Tuberculosis (TB) Control Branch located on the island of Oahu at Lanakila Health Center, 1700 Lanakila Avenue, Ground Floor, Honolulu, Hawaii, 96817, referred to as the "BRANCH" of the Department of Health coordinates all efforts to contain and prevent the spread of infectious TB disease, and to ultimately eliminate TB as a public health problem in the State of Hawaii.

The BRANCH maintains a state registry in accordance with state law and registers all skin tests statewide to ensure all suspected and confirmed cases of TB in the state are reported and followed. Information from this database is also used to provide data information to the Federal Center for Disease Control (CDC) – TB Elimination Office.

The BRANCH provides comprehensive services (education, counseling, screening, testing, and treatment) for individuals suspected of having or diagnosed with latent (dormant) TB infection and infectious active TB disease. The BRANCH, along with the Hawaii Department of Health (DOH) Public Health Nursing (PHN), provides screening and testing for those who require certification (TB Clearance) that they are negative for communicable TB disease, in accordance with State law.

DESCRIPTION OF SERVICES:

To provide digital X-ray services for individuals suspected of having latent TB infection or active TB disease. Oahu public health nurses at Lanakila Health Center and Public Health Nursing offices (at Windward, Leeward, and East Honolulu) refer individuals to receive chest X-ray (CXR) services, when ordered by a DOH TB Physician. These CXR services are usually provided at Lanakila Health Center TB Clinic (aka TB Clinic), located at 1700 Lanakila Ave, Ground Floor, Honolulu, Hawaii, 96817, through an X-ray Technician, employed by the State Department of Health. However, when the DOH employed X-ray Technician is on leave or the position is vacant, during which time CXR services cannot be provided. This disrupts the Branch's ability to complete the TB evaluation for TB Clearances, to obtain CXRs to diagnose pulmonary TB or latent TB, or to follow up on patients on treatment for active TB disease.

The Branch is seeking to contract a vendor to provide radiologic services when the DOH employed X-ray Technician is on leave or when the position is vacant. The radiologic services shall include, but not be limited to:

A. Upon request and authorization of TB Physician and PHN, the ability to take the following CXR images (rates for services should be comparable to most health insurance rates) for the following CPT codes 71045, 71046, 71047 and 71048.

B. Services may be provided through the vendor's own radiology facility site or by providing an X-ray technician to work at the Lanakila TB Clinic.
   1) If services are provided through the vendor's radiologic facility sites:
      i. The main radiology facility should be located in the Honolulu area.
      ii. If the vendor also has satellite radiologic office site(s), it would be preferrable (but not mandatory) to have one of those satellite sites to be located in Leeward Oahu. A list of all satellite sites should be included in the submission.
      iii. Chest X-ray should be completed within 3-5 business days within referral by the Branch.
      iv. Provide hours of operation for services that meet PROGRAM needs including evenings and/or a weekend day.
      v. Billing of services would be per image(s).
         A) Approximately 450 images per contract period (number of images are an approximation, since taking of X-ray is dependent on medical necessity):
         - Single view chest x-ray to include primarily:
           a) PA (posterior-anterior), or
           b) Lordotic, or
           c) Lateral.

         B) Approximately 50 images per contract period (number of images are approximation, since taking of X-ray is dependent on medical necessity):
         - Double view chest x-ray to include:
           a) AP (Anterior-posterior) and Left Lateral views for children under 5 years of age.

      vi. Total Cost of services provided (including all taxes and fees) through the vendor's radiologic facility sites should not exceed **$64,000.00**

   2) If services are provided by providing an X-ray technician to work at the Lanakila TB Clinic:
      i. Billing of services will be based on per hour worked by the X-ray technician.
      ii. Minimum hours worked by the X-ray technician will be:
      8 am - 12 pm; Monday, Tuesday, Wednesday, Thursday, Friday.
      Closed on State Holidays. Refer to attached State Holiday schedule for Lanakila TB Clinic closures.
      iii. Total Cost of services (including all taxes and fees) provided by X-ray technician onsite at Lanakila TB Clinic: **$35,999.00**

C. Ability to digitally transmit chest X-ray images to the BRANCH's PACS over a virtual private network (VPN, this complies with the Health Information and Accountability Act (HIPAA)).

D. Ability to produce a CD copy of identified patients' chest X-ray(s), upon request by PROGRAM's physician or PHN.

E. Submit invoices to PROGRAM for services monthly.

F. Ability to process State of Hawaii PCard transaction.

G. Service period is from October 1, 2026, to, and including, September 30, 2027

H. Total cost of both CXR services (vendor radiologic facility sites and onsite x-ray technician) should be all inclusive (including all taxes and fees) and should not exceed **$99,999.00**.

PROGRAM CONTACT INFORMATION

Genevieve Ley, MD, Branch Chief
TB Control Branch- Oahu
1700 Lanakila Avenue, Ground Floor
Honolulu, Hawaii 96817
Phone : (808) 832-5535
Fax : (808) 832-5846
e-mail: Genevieve.ley@doh.hawaii.gov

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

OFFEROR MUST BE HAWAII COMPLIANCE EXPRESS COMPLIANT AT TIME OF AWARD. ANY VENDOR SUBMISSION THAT IS NOT COMPLIANT AT TIME OF AWARD WILL NOT BE CONSIDERED FOR THIS BID.

OFFEROR'S QUALIFICATION FORM

Please complete this form as fully and explicitly as possible to facilitate evaluation of your firm. Use additional sheets and substantiating documents when necessary.

A. Exact Legal Name of Contractor:

** _____
Exact Legal Name of Company (Offeror)

**If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:

_____
Street Address

_____
City State Zip Code

Offeror is:
☐ Sole Proprietor ☐ Partnership ☐ *Corporation ☐ Joint Venture
☐ Other _____
*State of incorporation_____

Hawaii General Excise Tax License I.D. No._____

Payment address (other than business address below):

_____
Street Address

_____
City State Zip Code

Business address (street address):

_____
Street Address

_____
City State Zip Code

OFFEROR'S QUALIFICATION FORM continued

Subcontractor Name, if applicable

_____
Street Address

_____
City State Zip Code

Contact Person Name: _____ Cell No. _____

Telephone No.: _____ Fax No.: _____

E-mail Address: _____

B. Experience and Qualifications (attach any additional documents):

1. Number of years providing radiology services:
   Professional Staff Person(s):

2. Copy of current License or certificate(s) authorizing operations of a radiological facility:

C. References:

Offeror shall list at least three references in the State of Hawaii, for whom offeror has or is performing similar services. The State reserves the right to reject an offer submitted by any offeror whose performance on other jobs for this type of service has been proven unsatisfactory.

Name of Firm	Address	Contact Person	Telephone
1.			
2.			
3.			

Submitted by:

_____ **Date:**_____
Authorized (Original) Signature

_____
Name and Title (Please Type or Print)

Telephone No.: _____ Fax No.: _____

E-mail Address: _____

Attachment – State Holidays Observed
October 1, 2026 – September 30, 2027

STATE OF HAWAIʻI **Holidays to be observed in 2026 and 2027** **Holidays: October 1, 2026 – September 30, 2027**	
November 3, 2026, Tuesday	Election Day
November 11, 2026, Wednesday	Veteran's Day
November 26, 2026, Thursday	Thanksgiving Day
December 25, 2026, Friday	Christmas Day
January 1, 2027, Friday	New Year's Day
January 18, 2027, Monday	Dr. Martin Luther King Day
February 15, 2027, Monday	President's Day
March 26, 2027, Friday	Prince Kuhio Day/Good Friday
May 31, 2027, Monday	Memorial Day
June 11, 2027, Friday	King Kamehameha Day
July 5, 2027, Monday	Independence Day
August 20, 2027, Friday	Statehood Day
September 6, 2027, Monday	Labor Day