



**PURCHASING ITEM
FOR
COUNCIL AGENDA**

1. Agenda Item Number:

17

2. Council Meeting Date:
February 26, 2015

TO: **MAYOR & COUNCIL**

3. Date Prepared: February 3, 2015

THROUGH: **CITY MANAGER**

4. Requesting Department: City Manager

5. **SUBJECT:** Amendment No. 1 to Agreement No. RM2-948-3059 for Occupational Health Care Providers.

6. **RECOMMENDATION:** Staff recommends City Council approve Amendment No. 1 to Agreement No. RM2-948-3059, with Banner Occupational Health Services, for Occupational Health Care Providers, in an amount not to exceed \$125,000 for the two-year term of March 1, 2015 through February 28, 2017.

7. **BACKGROUND/DISCUSSION:** This contract provides for occupational health services for City employees and volunteers. The services include new hire physical examinations, fit-for-duty exams, post-accident urine drug screens, immunizations, post-exposure and periodic surveillance examinations (such as Commercial Driver Licenses (CDL), Respiratory Clearance, Police Special Assignment Unit (SAU) as necessary to comply with Occupational Safety & Health Administration (OSHA) standards, Arizona Department of Transportation (ADOT) requirements, National Institute of Occupational Safety & Health (NIOSH), Centers for Disease Control (CDC), and Department of Health Services recommendations and guidelines. The departments that utilize these services include Police, Fire, Transportation & Development, Municipal Utilities, Community Services, and Human Resources.

8. **EVALUATION PROCESS:** On February 9, 2012, City Council approved an agreement with Banner Occupational Health Services for Occupational Health Care Providers for a three-year period with the option of two additional two year extensions. Banner Occupational Health Services has agreed to extend for two additional years at the same terms and conditions.

Staff recommends extension of this agreement for the new term of March 1, 2015 through February 28, 2017. This is the first extension of the contract.

9. **FINANCIAL IMPLICATIONS:** Funds for these services will be from various departments' medical fund accounts.

10. **PROPOSED MOTION:** Move City Council approve Amendment No. 1 to Agreement No. RM2-948-3059 with Banner Occupational Health Services for Occupational Health Care Providers in an amount not to exceed \$125,000 for the two-year Term of March 1, 2015 through February 28, 2017.

ATTACHMENT: Amendment No. 1

APPROVALS

11. Requesting Department

Rae Lynn Nielsen, Benefits & Labor Relations
Administrator

13. Department Head

Debra Stapleton, Human Resources Director

12. Procurement Officer

Juan Martinez

14. City Manager

Rich Dlugas

AMENDMENT NUMBER ONE
TO AGREEMENT BETWEEN THE CITY OF CHANDLER
AND
BANNER HEALTH DBA BANNER OCCUPATIONAL HEALTH SERVICES
FOR OCCUPATIONAL HEALTH CARE SERVICES
AGREEMENT NO. RM2-948-3059

This Amendment One to that certain Agreement between the City of Chandler (CITY) and Banner Health dba Banner Occupational Health Services. (CONTRACTOR) for Occupational Health Care Services dated, February 24th, 2012 is entered into this _____ day of _____, 2015.

NOW THEREFORE, the parties agree as follows:

1. This contract is extended for a two-year period, March 1, 2015 through February 28, 2017, as authorized pursuant to Section 5.1 of the Agreement referenced above.
2. Exhibit C to Section 4.1 the Agreement referenced above is amended as shown on Revised Exhibit C attached hereto and incorporated herein by reference
3. All other terms and conditions of the above referenced Agreement shall remain unchanged and in full force and effect. All terms and conditions in the original Agreement not specifically amended herein shall be incorporated by reference in its entirety and shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have hereunto subscribed their names this _____ day of February 2015.

CITY OF CHANDLER:

By: _____
Mayor

CONSULTANT:

By: Robert K. Carlson
Title: VP OF OPS

APPROVED AS TO FORM:

City Attorney *Chf*

ATTEST: (If corporation)

ATTEST:

Secretary

City Clerk

[SEAL]

WITNESS: (If individual or Partnership)

**REVISED EXHIBIT C
PRICING**

Scope of Work Item	Type of Service	Fee(s) per visit
D.1.a.	CDL New Certification	\$105.00
D.1.a.	CDL Recertification	\$65.00
D.2.a.	Respiratory Clearance Examination – Baseline W/O chest x-ray With chest x-ray	\$132.00
D.2.b.	Respiratory Clearance Recertification Exam – Periodic Respiratory Clearance Recertification Examination PFT if indicated by questionnaire or examination	\$74.00
D.2.a. and b.	Respiratory Health Questionnaire review by provider without examination	\$27.50
D.3.a	Fire Department Paramedic School Examination <i>Each item will be priced separately as each test or immunization is dependent on history.</i> 5 panel non SAMSHA drug screen Tetanus Diptheria (if none in past 10 years) Hepatitis B vaccine or Hepatitis B Titer (if history of series) MMR Vaccine or MMR titer (recommend all 3 as mumps is making a comeback) Varicella Vaccine (1 of 2) or Varicella Titer	\$27.50 \$55 \$70 \$55 \$82.50 \$75 \$115 \$55
D.4.a.	Police Department Pre-Placement Physical Exam History & physical Pre-Placement Physical Exam Vitals, Audiogram, Titmus Vision, OSHA Respiratory Questionnaire, TB skin test or TB questionnaire if history of past positive, 3 minute step test Additional components if indicated by history, symptoms, or request of City: PFT if indicated by answers on respiratory questionnaire EKG – if medically indicated Stress Treadmill – if medically indicated 2 view chest x-ray – only when medically indicated Drug Screen 5 Panel non-SAMSHA Tetanus if none within past 10 years Hepatitis B vaccine or Hepatitis B Titer (if history of series) MMR Vaccine or MMR titer Varicella Vaccine (1 of 2) or Varicella Titer	\$157 \$38.50 \$49.50 \$192.50 \$71.50 \$15 \$55 \$70 \$55 \$75 \$75 \$115 \$55
D.4.b.	Police Department DEA/SAU Pre-Placement Exam Exam – History & physical, CBC, Chemistry Panel, Cardiac Risk, Micro UA, Vitals, Audiogram, Titmus Vision, & Pulmonary Function Test with respirator clearance using DEA spirogram report	\$171

	Additional components if indicated by history, symptoms, or request of City: EKG – if medically indicated Stress Treadmill – if medically indicated 2 view chest x-ray – only when medically indicated Drug Screen 5 panel Non-SAMSHA	\$49.50 \$192.50 \$71.50 \$35
Scope of Work Item	Type of Service	Fee(s) per visit
D.4.b.	Police Department DEA/SAU Annual Examination Exam – History & physical, CBC, Chemistry Panel, Cardiac Risk, Micro UA, Vitals, Audiogram, Titmus Vision, & Pulmonary Function Test with respirator clearance using DEA spirogram report, EKG Additional components if indicated by history and/or symptoms, EKG – if medically indicated Stress Treadmill – if medically indicated 2 view chest x-ray – only when medically indicated	\$180 \$49.50 \$192.50 \$71.50
D.4.c.	Police Department Phlebotomy Program Exam Each item will be priced separately as each test or immunization is dependent on history. 12 panel Arizona Nurses drug screen TB Skin Test Tetanus Diphtheria (if none in past 10 years) Hepatitis B vaccine or Hepatitis B Titer (if history of series) MMR Vaccine or MMR titer Varicella Vaccine (1 of 2) or Varicella Titer	\$49.50 \$18 \$55 \$70 \$55 \$82.50 \$75 \$115 \$55
D.5. Type 1	Return to Work/Fitness for Duty Examinations – Simple	\$49
D.5. Type 2	Return to Work/Fitness for Duty Examinations – Complex	\$149
D.6.a.	Audiometric Test at facility – including results sent to OHN- per test or other – stand alone If adding to physical exam	\$18 \$20
D.6.a.	Audiometric Test on-site including results sent to OHN – per test – On-site can perform 10-12 tests/hour	\$220 per hour
D.6.b.	Consultation Services per hour	\$200
D.6.c.	Non-SAMHSA 9 panel UDS at facility	\$40
	Non-SAMHSA 9 panel UDS on-site All on-site drug testing is charged at \$50 per hour per nurse, plus the cost of the drug screen	
	Non-SAMHSA 12 panel UDS at facility	\$45
	Non-SAMHSA 12 panel UDS on-site All on-site drug testing is charged at \$50 per hour per nurse, plus the cost of the drug screen	
	Non-SAMHSA 13 panel UDS at facility	\$60
	Non-SAMHSA 13 panel UDS on-site All on-site drug testing is charged at \$50 per hour per nurse, plus the cost of the drug screen	

D.6.d.	SAMHSA 9 panel UDS at facility	NA
	SAMHSA 9 panel UDS on-site	NA
	SAMHSA 12 panel UDS at facility	NA
	SAMHSA 12 panel UDS on-site	NA
	SAMHSA 13 panel UDS at facility	NA
	SAMHSA 13 panel UDS on-site	NA
D.6.e.	SAMHSA 5 panel UDS at facility	49.50
D.6.e.	SAMHSA 5 panel UDS on-site All on-site drug testing is charged at \$50 per hour per nurse, plus the cost of the drug screen	
D.6.f.	Breath Alcohol Test (CDL)	\$27.50

Scope of Work Item	Type of Service	Fee(s) per visit
D.6.g.	Post-exposure to Hazardous Body Fluid	See attached price list
	- Counseling	
	- M.D.	
	- Nurse	
	- HIV Test	
	- Hepatitis C Antigen	
	- Hepatitis C Antibody	
	- Hepatitis B Antibody	
	- PEP Program	
D.6.h.	TB Skin Test	\$18
D.6.i.	x-rays, various views	\$65 for 1 View; \$85 for 2 View
D.6.j.	Hepatitis B Vaccination	\$70
	Tetanus Booster	\$55
	MMR	\$82.50 each
	Varivax	\$115 each
	Mumps Titer	\$40
	Rubella Titer	\$40
	Rubeola Titer	\$40
	Hepatitis B Antibody Titer	\$55
	Varicella Titer	\$55
	MMR Titer	\$75
D.6.k.	Vision test – titmus (stand alone price)	\$25
	If part of physical exam	\$20
D.6.l.	Hazardous materials blood tests	
	Cholinesterase	\$40
	Blood Lead/ZPP	\$85
	Cadmium	\$80
	Mercury	\$85
	Heavy Metals Panel: Blood arsenic, lead & mercury	\$90
	Chromium	\$70
	Other combination panels are available	
D.6.m.	Initial Workers' Comp Visit	ICA Rates
D.6.n.	Secondary and other Revisits W/C	ICA Rates
D.6.o.	Physical Therapy (describe your service as part of physical therapy fee)	NA
	BOHS does not provide physical therapy services – PT is referred out	
	Tdap Vaccine	\$55
	Fit For Duty Physical Exam	\$250 per hour, billable in quarter hours
	Drug Screen Collection	\$20

Banner shall offer The City of Chandler a 5 percent discount on physical exam pricing and ICA rates. Pricing for the Post Exposure Program services is not eligible for the discount. Pricing listed above does not reflect the discount.

*Additional fee schedules, if any, may be provided by CONTRACTOR.

**Banner Occupational Health Services
Post Exposure Pricing Schedule**

<u>Type of Contacts/Visits</u>	<u>Fee</u>
1. Triage Call	\$ 75.00
2. Licensed Practitioner Intervention	\$175.00
3. Initial Visit*	\$100.00
4. Results Visit	\$ 50.00
5. Follow-up Visit (1 week, if on meds only)	\$ 75.00
6. Follow-up Visit (2 weeks, if on meds only)	\$ 75.00
7. Follow-up Visit (3 weeks, if on meds only)	\$ 75.00
8. Follow-up Visit (4 weeks, if on meds only)	\$ 75.00
9. Follow-up Visit (6 weeks)*	\$ 75.00
10. Follow-up Visit (3 months)*	\$ 75.00
11. Follow-up Visit (6 months)*	\$ 75.00
12. Follow-up Visit (12 months)*	\$ 75.00
13. Follow-up Visit (18 months)*	\$ 75.00

- *If required

Medications

Medication prices vary by market pricing. Weekly prices can range from \$200-\$400 a week depending on the medications given. Maximum term of medications is 4 weeks.

Hazardous Body Fluid Exposure Program

Patient Testing:

ALT Liver Function	\$25
Blood Chem/CBC/UA (if on meds)	\$40
Hepatitis B Titer (if needed)	\$55
Hepatitis B Vaccine	\$70
Hepatitis C	\$85
HIV Testing	\$85
HBig (if needed)	Current Price
Tetanus (if needed)	\$38

Source Testing:

HIV Testing	\$85
Hepatitis C	\$85
Hepatitis B Antigen	\$55