EMPLOYEE SERVICES DEPARTMENT

Jacksonville
Where Florida Begins.

July 11, 2018

MEMORANDUM

TO: Gregory W. Pease, Chief of Procurement Division

FROM: Leah Hayes, Chief of Talent Management Leah Hayes

RE: **Contract Renewal; Occupational Health and Medical Services**
P-32-16 Contract #10236
St. Vincent's First Care, LLC

Employee Services currently has a contract, # 10236 with (3) renewal options for Occupational Health and Medical Services with St. Vincent's First Care, LLC.

Accordingly, we recommend the following action:

The City exercises its second (2) option to renew contract # 10236 with St. Vincent's First Care, LLC, for providing Occupational Health and Medical Services. The period of service will begin September 1, 2018 and expires August 31, 2019, with two (2) renewal options remaining. All terms and conditions are stated in the attached Scope of Services and remain as negotiated in the contract.

Request approval to increase the contract under the same fees, terms and conditions by $525,000.00. This is to ensure there is adequate funding to cover ongoing health and medical services through the end of the contract. This will revise the maximum indebtedness from $1,027,000.00 to a not-to-exceed amount of $1,552,000.00.

Attachments:
Contract Extension Memo
Vendor Renewal Letter
Rate Change Request
Scope of Services Exhibit A-1
Quotation of Rates Revised Exhibit B-1

ST. VINCENT'S
FIRST CARE
Walk-In Express Clinic

January 31, 2018

City of Jacksonville
Employee Services Department
117 W. Duval Street, Suite 100
Jacksonville, FL 32202
Leah Hayes
Chief of Talent Management

Re: Rates Change Request for Contract - P-32-16 Occupational Health and Medical Services Program for the City of Jacksonville

St. Vincent's First Care hereby submits a change in rates for the identified services -marked in red - on the attached Quotation of Rates Sheet. We understand that these rates, once approved, will go into effect for year three renewal period which would begin September 1, 2018.

Sincerely,

Tracey Nelson
Account Executive
St. Vincent's First Care
Tracey.nelson@ascension.org
904-495-8197

Section 4

Description of Services and Deliverables

	SERVICE	RATE/FEE/CHARGE
1.	NO SHOW Fee for Psychiatrist or Psychologist	$150.00
2.	Consultation Fee by phone or in person with Psychiatrist or Psychologist	$150.00 per hour
3.	Additional Diagnostic Assessment by Psychologist	$200.00
4.	Drug Screen Charge for specific Drug not currently tested in the standard panel performed for the COJ Contract. These are drug test requested by the Psychiatrist to monitor compliance with prescription or to test for a drug of abuse not tested in the standard panel.	$30.0 per add on – per drug to be tested

Exhibit 'A-1'

Exhibit B - 1

MEDICAL AND SUBSTANCE ABUSE TESTING SERVICES
QUOTATION OF RATES & FEES OR CHARGES for September 1, 2018

	SERVICE	RATE/FEE/ CHARGE	RATE CHANGE REQUEST 6/2018
1.	Complete Medical Certificate form; Review job requirements/ criteria; general review of systems; height, weight, temperature, pulse, blood pressure; audiometric testing; color vision and visual acuity testing; determine ability to perform job requirements; indicate and pre-existing condition for pension purposes	$55.00	
2.	Chest X-ray, one view	$40.00	
3.	Chest X-ray, two view	$50.00	
4.	EKG, when specified	$25.00	
5.	Back X-ray with range of motion examination and functional capacity, two view Lumbar Spine, when specified	$60.00	
6.	Tuberculin Test (PPD), or other labs, when specified	$12.00	
7.	Pulmonary Function Test, when specified	$30.00	
8.	Hepatitis Profile, when specified	$50.00	
9.	Urine specimen collection for 7 Panel Drug Screen (Cannabinoids, Cocaine, Opiates, 6-Acetylmorphine, Phencyclidine, Amphetamines, Methylenedioxymethamphetamine) a. Initial Test b. Confirmation test by GC/MS c. Additional lab fees (e.g. retest of specimen, quantitive)	 $25.00 $140.00	
10.	Urine specimen collection for 5 Panel Drug Screen (Amphetamines, Cocaine, Cannabinoids, Opiates, Phencyclidine, Barbiturates, Benzodiazepines, Methaqulaone, Methadone, Propoxyphene). a. Initial Test b. Confirmation test by GC/MS c. Additional lab fees (e.g. retest of specimen, quantitive)	 $25.00 $140.00	
11.	Medical Review Officer (MRO) services to interpret all Controlled Substances Screens	$0.00	
12.	Alcohol Screen: a. Blood Specimen b. Evidential Breath Test (EBT) c. Confirmation EBT	 $23.00 $20.00 $20.00	
13.	L-RPR (Blood Serology)	$12.00	
14.	Chemistry Profile (SMAC LP UA CBC Diff) Including Reticulocyte Count	 $45.00	
15.	Titmus vision examination, when specified	$10.00	
16.	Hemoglobin A1C (HbA1C)	$12.00	
17.	HIV / AIDS, when specified	$17.00	
18.	Interferon Blood Test for TB	$50.00	

Exhibit 'B-1'

Exhibit B - 1

	SERVICE	RATE/FEE/ CHARGE	RATE CHANGE REQUEST 6/2018
19.	Acetylcholinesterase / Serum Cholinesterase	$20.00	$30.00
20.	Serum Polychlorinated Biphenyls	$60.00	
21.	Complete Blood Count w/Differential & Platelet Evaluation	$20.00	
22.	Blood Lead Screen	$25.00	$30.00
23.	Blood Lead Screen with ZPP	$25.00	$40.00
24.	Heavy Metal Screen (Ar, Cd, Cr, Mr)	$110.00	$115.00
25.	Phenol Screen	$65.00	
26.	Urinalysis Dip Without Microscopy	$7.00	
27.	Fitness-for-duty physical examination	$55.00	
28.	Pension Disability Assessment (initial)	$250.00	
29.	Pension Disability Assessment (second or any subsequent review)	$50.00	
30.	Review of supplemental medical information	$50.00/hr	
31.	Consultation	$50.00/hr	
32.	Expert witness testimony Medical Review Officer	$150.00/15	
	Cardiologist	$200.00/15	
	Radiologist/Laboratory	$150.00/15	
33.	Cardio-Pulmonary Stress Test, when specified	$350.00	
34.	Bruce Protocol Stress Test, when specified	$175.00	
35.	Jobsite assessment	$75.00/hr	
36.	Psychological or psychiatric evaluation	$600/$800	
37.	Cardiologist Services Complete Echo Study Office Consultation	 $250.00 $250.00	
38.	MRI, when specified ($w/out contrast/$ with contrast)	$400/$550	
39.	Respirator Mask Fit	$20.00	
40.	Other (list/itemize): PSA	 $22.00	
	Hepatitis A Titer	$25.00	
	Hep A First/Second	$65.00 each	
	Hepatitis B Titer	$25.00	
	Hep B First/Second/Third	$55.00 each	
	Hepatitis C Titer	$25.00	
	Rabies Titer	$35.00	
	Rabies Vaccine	$300.00	
	Tetanus (Td) Vaccine	$20.00	$35.00
	Flu (Fee varies by season and make-up of vaccine)	$30.00	

Exhibit 'B-1'

Exhibit B - 1

	SERVICE		RATE/FEE/CHARGE
41.	Specialties: Addiction Medicine	Physician's Name(s) Dr. Eduardo Sanchez	
	Allergy & Immunology	Dr. Sanjay Swami Dr. Harry Katz	
	Anesthesia-Pain Medicine	Coastal Spine and Pain Riverside Pain and Spine	
	Cardiology	St. Vincent's Cardiology Associates	
	Dermatology	Dr. Madeliene Gainers Dr. Jonathan Kantor	
	General Surgery (hernias)	North Florida Surgeons	
	Infectious Diseases	Dr. Jennifer Katsolis Dr. Catherine Smith	
	Neurology	St. Vincent's Spine & Brain Institute	
	Ophthalmology	Clay Eye Physicians and Surgeons	
	Orthopedics	SE Orthopedics Specialists	
	Physical Medicine & Rehabilitation	Dr. Stephan Esser Dr. Frank Collier	
	Psychiatry/Psychology	Dr. Eduardo Sanchez Dr. Roxanne Louh	
	Pulmonology	St. Vincent's Lung, Sleep, and Critical Care Associates	
	Toxicology	Dr. Stephen J. Kracht, MRO Dr. Delores Loveless, MRO	

The City of Jacksonville requires that Provider provide results within 4 working days for candidates who pass physical examinations without complications, with the exception of annual HAZMAT and Medical Surveillance exams, which require a Phenol test that can take up to twenty-one (21) days for the results to come back. The day of the examination shall not be counted in the calculation of the 4 working days. Failure to meet this deadline may result in the City reducing the fee by 50%.

On–site immunizations and Health Fairs will occur during the week and during normal business hours. Provider will provide services during these hours.	**Time Frame (to-from hours)**	**On-site Service Cost + Normal Cost of Service**
	7:00am to 7:00pm M-F	$25/hr, RN, 2 hr min $20/hr, MA, 2 hr min
On-call After Hours Services	After 7pm M-F	*N/A

*N/A per addendum answers stating that 24/7 no longer required by this RFP.

Note for All Physicians will be in the St. Vincent's Health Network. Rates will be the contracted insurance rates of the appropriate CPT code.

Exhibit 'B-1'

Exhibit B - 1

Additional Services Listed in RFP P-32-16 and not found on the provided Quotation of Rates and Fees or Charges Form

	SERVICE	RATE/FEE/ CHARGE	RATE CHANGE REQUEST 6/2018
1.	Cardiovascular Ultrasound (Carotid, Abdominal Aorta, ABI)	$100.00	
2.	NFPA 1582 – Isokinetic Testing	$40.00	
3.	Body Composition Analysis – Body Metrics Pro System US	$25.00	
4.	Body Composition Analysis – DexaScan	$55.00	
5.	TSH – Thyroid Stimulating Hormone	$18.00	
6.	Hemoccult	$25.00	
7.	Audiometric Testing	$30.00	
8.	Thyroid Ultrasound Diagnostic	$223.00	
9.	Liver, Pancreas, Spleen, Gall Bladder, and Kidney US	$223.00	
10.	Osteoporosis Bone Density	$150.00	
11.	Functional Capacity Evaluation	$40.00	
12.	Total Lipid Profile	$12.00	
13.	Hair Drug Screen	$50.00	

Approved/Amended as of March 17, 2017 Quotation of Rates Fees or Charges

	SERVICE	RATE/FEE/ CHARGE	RATE CHANGE REQUEST 6/2018
1.	MMR Titer	$30.00	
2.	MMR Titer	$95.00	
3.	Tdap Vaccine	$55.00	
4.	Chicken Pox Vaccine	$160.00	
5.	Blood Chromium Screen	$30.00	
6.	Urine Cadmium Screen	$42.00	
7.	Beta-2 Microglobulin	$35.00	
8.	Urinary Phenol Screen	$65.00	

July 2018 Additional services and fees to be added

	SERVICE	RATE/FEE/ CHARGE
1.	NO SHOW Fee for Psychiatrist or Psychologist	$150.00
2.	Consultation Fee by phone or in person with Psychiatrist or Psychologist	$150.00 per hour
3.	Additional Diagnostic Assessment by Psychologist	$200.00
4.	Drug Screen Charge for specific Drug not currently tested in the standard panel performed for the COJ Contract – this would be a drug test requested by the Psychiatrist to monitor compliance with prescription or to test for a drug of abuse not tested in the standard panel performed for the COJ Contract	$3.00 per add on – per drug to be tested.

Exhibit 'B-1'