

TERM OF CONTRACT: ONE (1) YEAR WITH THE OPTION TO EXTEND TWO (2) ONE (1) YEAR EXTENSIONS		
NUMBER OF RESPONDENTS:	2	
NAME OF BIDDER	ROBERT WOOD JOHNSON HOSPITAL HAMILTON OCCUPATIONAL & CORPORATE HEALTH	CAPITAL HEALTH SYSTEMS D/B/A THE CORPORATE HEALTH CENTER
ADDRESS	2 HAMILTON HEALTH PLACE	832 BRUNSWICK AVENUE
CITY, STATE, ZIP	HAMILTON, NEW JERSEY 08690	TRENTON, NEW JERSEY 08638
CONTACT NAME	ANTHONY CIMINO, PRESIDENT & CEO	LARRY DISANTO, DIRECTOR
TELEPHONE	609-584-6404	609-695-7471 (609) 802-1989 CELL#
FAX	609-584-6429	609-393-5272
E-MAIL	SCIMINO@RWJUHJH.EDU	JPESCO@CAPITALHEALTH.ORG
STOCKHOLDER DISCLOSURE STATEMENT	INCLUDED	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	INCLUDED	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED	INCLUDED
NON-COLLUSION AFFADAVIT	INCLUDED	INCLUDED
AFFIRMATIVE ACTION STATEMENT	INCLUDED	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN	INCLUDED	INCLUDED
EIC	CERT# 18621 EXP. 3/15/2016	CERT #24949 EXP. 6/15/2016
60-DAY EXTENSION COMPLIANCE	YES	YES
EXCEPTIONS (IF ANY)	NONE	NONE
CERTIFICATE OF INSURANCE	INCLUDED	INCLUDED
PERSONNEL INFORMATION	INCLUDED	INCLUDED
REFERENCES	INCLUDED	INCLUDED
EMERGENCY SERVICES	YES	YES
W-9	N/A	NOT INCLUDED
TOTAL PRICE	SEE ATTACHED BREAK-DOWN OF PRICING	SEE ATTACHED BREAK-DOWN OF PRICING
FATAL FLAW	NONE	NONE

PRICE PAGE

All Respondents shall submit pricing for the following:

Fee for Services

I. Special Medical Evaluation \$ 85.00

To include: Second Opinions and certain other special circumstances such as recommendations/suggestions for reasonable accommodation under the Americans with Disabilities Act and Retirement Examinations.

IV. Other Services Fee Schedule

1. PA Chest x-ray	\$ 40.00	
2. PA and Lateral Chest x-ray	\$ 60.00	
3. Xray: Lumbar Spine, 3 view	\$ 130.00	
4. Back Assessment – Strength	\$ 70.00	
5. Lifting Capacity	\$ 70.00	
6. Fit Test – SCBA Mask – Quantitative	\$ 35.00	
a. Short Test OMIT PER ADDENDUM 1	\$ N/A per	addendum
b. Long Test OMIT PER ADDENDUM 1	\$ N/A per	addendum
7. Pulmonary Exam	\$ 100.00	
8. Respiratory Exam (PFT, Chest x-ray, Questionnaire)	\$ 160.00	
9. Blood Alcohol	\$ 105.00	
10. Blood Lead	\$ 22.00	
11. Cholinesterase	\$ 40.00	
12. DOT exams (CDL and Gas Pipeline)	\$ 60.00	
13. NIDA Drug Screen (5 panel, split sample) INCLUDES MRO SVCS.	\$ 30.00	
14. Non-NIDA Drug Screen (10 panel, split sample) INCLUDES MRO	\$ 30.00	
15. HDL/LDL Ratios	\$ 30.00	SERVICES
16. H-BIG (per cc)	\$ 195.00	
17. HIV	\$ 30.00	
18. Hepatitis B Vaccine (3 shot series)	\$ 150.00	
19. Hepatitis Profile	\$ 60.00	
20. Mercury Blood Test	\$ 40.00	
21. 24-hour Heavy Metal Urine Test	\$ 40.00	
22. RPR	\$ 25.00	
23. Comprehensive Metabolic Panel	\$ 37.00	
24. Maximal Treadmill Stress Test	\$ 451.00	

CITY OF TRENTON, NJ**DEPARTMENT:** Administration**PURPOSE:** Occupational Health Services**REQUEST FOR PROPOSAL****DIVISION:** Personnel**DUE DATE:** APRIL 22, 2014

25. LS5	\$ <u>150.00</u>
26. PSA	\$ <u>30.00</u>
27. Breathalyzer	\$ <u>30.00</u>
28. Hepatitis AB, AG and C Virus AB	\$ <u>60.00</u>
29. Telephone Consult, Prescription & Non-Prescription Drug Clearance	\$ <u>35.00</u>
30. Physical Examination, Prescription & Non-Prescription Drug Clearance	\$ <u>50.00</u>
31. <u>Back Examinations</u>	
Ergonomic Analysis (little or no risk of injury as self limited 3 or 5 view LS Spine)	
Physical examination to include flexibility and strength	
Lifting test based on job description (risk of injury as lifting dead weight)	
	Total Cost: \$ <u>280.00</u>
a. W/L S3 (Back x-ray, 3 view)	\$ <u>190.00</u>
b. W/L S5 (Back x-ray, 5 view)	\$ <u>220.00</u>
c. Physical Exam and Lift Test Only	\$ <u>130.00</u>
d. Ergonomic Analysis only	\$ <u>70.00</u>
e. Physical Examination only	\$ <u>60.00</u>
f. Lifting Test Only	\$ <u>70.00</u>
32. Physician Hourly Rate	\$ <u>100.00</u>
33. Physician Assistant Hourly Rate	\$ <u>N/A</u>
34. Medical Assistant Hourly Rate	\$ <u>20.00</u>
35. Expert Testimony - Physician Hourly Rate	\$ <u>140.00</u>
36. Expert Testimony - Physician Assistant Hourly Rate	\$ <u>N/A</u>
37. Expert Testimony - Medical Assistant Hourly Rate	\$ <u>25.00</u>

Questionnaire

- i. Research/Define/Update Firefighter Physical Performance Standards.

\$ 75.00 /hour
2. Research/Design/Update follow-up program to reduce health risks, correct medical problems and/or improve job performance capacity.

\$ 75.00 /hour
3. Participate in the maintaining of a TFD physical fitness program
 - a. Teach on-site Educational Program classes for lifestyle modifications, fitness training, stress reduction, and the reduction of health risks.

\$ 50.00 /hour
 - b. Teach on-site physical fitness programs for Firefighter trainees to improve performance capacity.

\$ 75.00 /hour

CITY OF TRENTON, NJ
DEPARTMENT: Administration
PURPOSE: Occupational Health Services

REQUEST FOR PROPOSAL
DIVISION: Personnel
DUE DATE: APRIL 22, 2014

4. CA125 Test	\$ 15.00
5. Continuation of Service Medical Evaluation	\$ 70.00
6. Hepatitis A Titers	\$ 30.00
7. Hepatitis Profile to include A, B and C	\$ 60.00
8. Urinalysis, Dip only	\$ 0.00

VI. Price Proposals for Trenton Police Department:

1. Provide research and guidance in developing training programs for recruits, trainees and other officers. \$ 75.00 /hour
2. Telephone or in-person medical consultation year \$ 3000.00 /contract
3. Provide research & development of protocol information year \$ 1000.00 /contract
4. Provide guidance to TPD physical training instructors in developing training programs for police officers \$ 75.00 /hour

Additional Prices

Functional Capacity Evaluation	\$550.00
Fire Fighter Physical/Occupational Therapy Physical Fitness Testing	\$60.00
Physical or Occupational Therapy Evaluation (Non WC)	\$90.00
Physical or Occupational Therapy Treatment (Non WC)	\$60.00

Flat Fee/ Capitated Price Options

Please see attached 2 pages for

- Pre-Employment, RTW/FFD annual pricing
- Annual physical examinations annual pricing

**THE CORPORATE HEALTH CENTER
CAPITATED PRICE OPTIONS**

The Corporate Health Center offers the following options to accommodate City of Trenton occupational health needs:

A. PRE-EMPLOYMENT, RETURN TO WORK/FITNESS FOR DUTY EXAMINATIONS

Option 1:

(This option reflects current contract between City of Trenton and The Corporate Health Center)

	Maximum Annual Visits:	Year 1	Year 2	Year 3
<u>Includes:</u>				
• Pre-Employment Physical Exam:	170			
• DOT Physical Exam:	30			
• Return to Work/Fitness for Duty Exams:	800			
TOTAL :	1,000	\$47,500	\$47,500	\$47,500
<u>Notes:</u>				
<ul style="list-style-type: none"> ♦ The Corporate Health Center bases these estimates on current experience and sound judgment. If visits unexpectedly exceed these maximums, they will be charged at individual rates as per Price Page. ♦ Testing costs are <u>not included</u>. 				

Option 2:

	Maximum Annual Visits:	Year 1	Year 2	Year 3
• All Exams in Option 1:	1,000	\$47,500	\$47,500	\$47,500
• <u>Testing included</u> , as part of Pre-Employment Visits (up to 170 Pre-Employment Physicals):		\$29,980	\$29,980	\$29,980
TOTAL:		\$77,480	\$77,480	\$77,480
<u>Notes:</u>				
<ul style="list-style-type: none"> ♦ The Corporate Health Center bases these estimates on current experience and sound judgment. ♦ If visits unexpectedly exceed these maximums, they will be charged at individual rates as per Price Page. 				

In addition, annual physical exams are offered at a capitated annual rate.

Please see next page.

**THE CORPORATE HEALTH CENTER
CAPITATED PRICE OPTIONS (cont'd)**

B. ANNUAL PHYSICAL EXAMINATIONS:

These options are for annual examinations only. Pre-employment and return to work/fitness for duty exam options are listed on previous page.

Option 1:

	Maximum Annual Visits:	Year 1	Year 2	Year 3
Annual HazMat Examinations for:				
• HazMat Firefighters only (includes testing)	110	\$25,300	\$25,300	\$25,300
♦ Visits exceeding these maximums will be charged at individual rates as per Price Page.				

Option 2:

	Maximum Annual Visits:	Year 1	Year 2	Year 3
Annual Examinations for:				
• All Firefighters including HazMat (includes testing)	223	\$51,290	\$51,290	\$51,290
♦ Visits exceeding these maximums will be charged at individual rates as per Price Page.				

Option 3:

	Maximum Annual Visits:	Year 1	Year 2	Year 3
Annual Examinations for:				
• All Firefighters including HazMat	223			
• All Police (includes testing)	240			
TOTAL:	463	\$106,490	\$106,490	\$106,490
♦ Visits exceeding these maximums will be charged at individual rates as per Price Page.				

PRICE PAGE

All Respondents shall submit pricing for the following:

Fee for Services

I. **Special Medical Evaluation** \$ 100.00

To include: Second Opinions and certain other special circumstances such as recommendations/suggestions for reasonable accommodation under the Americans with Disabilities Act and Retirement Examinations.

IV. **Other Services Fee Schedule**

1. PA Chest x-ray	\$ <u>75.00</u>
2. PA and Lateral Chest x-ray	\$ <u>75.00</u>
3. Xray: Lumbar Spine, 3 view	\$ <u>130.00</u>
4. Back Assessment – Strength	\$ <u>part of # 5</u>
5. Lifting Capacity	\$ <u>60.00</u>
6. Fit Test – SCBA Mask – Quantitative	
a. Short Test	\$ <u>45.00</u>
b. Long Test	\$ <u>45.00</u>
7. Pulmonary Exam	\$ <u>130.00</u>
8. Respiratory Exam	\$ <u>270/195</u>
9. Blood Alcohol	\$ <u>N/A</u>
10. Blood Lead	\$ <u>25.00</u>
11. Cholinesterase	\$ <u>20.00</u>
12. DOT exams (CDL and Gas Pipeline)	\$ <u>100.00</u>
13. NIDA Drug Screen (5 panel, split sample)	\$ <u>22.00</u>
14. Non-NIDA Drug Screen (10 panel, split sample)	\$ <u>22.00</u>
15. HDL/LDL Ratios	\$ <u>35.00</u>
16. H-BIG (per cc)	\$ <u>170.00</u>
17. HIV	\$ <u>30.00</u>
18. Hepatitis B Vaccine (3 shot series)	\$ <u>65 ea / 195 series</u>
19. Hepatitis Profile	\$ <u>50.00</u>
20. Mercury Blood Test	\$ <u>18.00</u>
21. 24-hour Heavy Metal Urine Test	\$ <u>42.00</u>
22. RPR	\$ <u>70.00</u>
23. Comprehensive Metabolic Panel	\$ <u>40.00</u>
24. Maximal Treadmill Stress Test	\$ <u>300.00</u>

CITY OF TRENTON, NJ

DEPARTMENT: Administration

PURPOSE: Occupational Health Services

REQUEST FOR PROPOSAL

DIVISION: Personnel

DUE DATE: APRIL 22, 2014

25. LS5	\$ 250.00
26. PSA	\$ 10.00
27. Breathalyzer	\$ 36.00
28. Hepatitis AB, AG and C Virus AB	\$ 50.00
29. Telephone Consult, Prescription & Non-Prescription Drug Clearance	\$ 45.00
30. Physical Examination, Prescription & Non-Prescription Drug Clearance	\$ 65.00
31. <u>Back Examinations</u>	
Ergonomic Analysis (little or no risk of injury as self limited 3 or 5 view LS Spine) Physical examination to include flexibility and strength Lifting test based on job description (risk of injury as lifting dead weight)	
Total Cost:	\$
a. W/L S3 (Back x-ray, 3 view)	\$ 200.00
b. W/L S5 (Back x-ray, 5 view)	\$ 250.00
c. Physical Exam and Lift Test Only	\$ 125.00
d. Ergonomic Analysis only	\$ 100.00
e. Physical Examination only	\$ 65.00
f. Lifting Test Only	\$ 60.00
32. Physician Hourly Rate	\$ 130.00
33. Physician Assistant Hourly Rate	\$ 80.00
34. Medical Assistant Hourly Rate	\$ 47.00
35. Expert Testimony - Physician Hourly Rate	\$ 175.00
36. Expert Testimony - Physician Assistant Hourly Rate	\$ 100.00
37. Expert Testimony - Medical Assistant Hourly Rate	\$ 50.00

Questionnaire

- i. Research/Define/Update Firefighter Physical Performance Standards.
\$ 100 /hour
2. Research/Design/Update follow-up program to reduce health risks, correct medical problems and/or improve job performance capacity.
\$ 100 /hour
3. Participate in the maintaining of a TFD physical fitness program
 - a. Teach on-site Educational Program classes for lifestyle modifications, fitness training, stress reduction, and the reduction of health risks.
\$ 100 /hour
 - b. Teach on-site physical fitness programs for Firefighter trainees to improve performance capacity.
\$ 100 /hour

CITY OF TRENTON, NJ**DEPARTMENT:** Administration**PURPOSE:** Occupational Health Services**REQUEST FOR PROPOSAL****DIVISION:** Personnel**DUE DATE:** APRIL 22, 2014

4. CA125 Test	\$ <u>13.00</u>
5. Continuation of Service Medical Evaluation	\$ <u>100.00</u>
6. Hepatitis A Titers	\$ <u>30.00</u>
7. Hepatitis Profile to include A, B and C	\$ <u>70.00</u>
8. Urinalysis, Dip only	\$ <u>10.00</u>

VI. Price Proposals for Trenton Police Department:

1. Provide research and guidance in developing training programs for recruits, trainees and other officers. \$ 100.00/hour
2. Telephone or in-person medical consultation \$ 2000.00/contract year
3. Provide research & development of protocol information \$ 1500.00 /contract year
4. Provide guidance to TPD physical training instructors in developing training programs for police officers \$ 100.00 /hour

The 2014 Operating Budget for RWJUHH Occupational Health Department is \$1.6M.

RWJUHH City of Trenton - CC2014-02
Price page for contract years one (1) through three (3)

Service to be Rendered	Year 1	Year 2	Year 3
Fee for Service			
I Special Medical Evaluation (non-worker's compensation)	\$100.00	\$100.00	\$102.00
II Other Services Fee Schedule			
1 & 2. PA Chest x ray and PA & Lat Chest x ray	\$75.00	\$76.50	\$78.00
3. X ray: Lumbar Spine, 3 view	\$130.00	\$132.50	\$135.00
4. Back Assessment - Strength	part of #5 below	part of #5 below	part of #5 below
5. Lifting capacity	\$60.00	\$61.00	\$62.00
6. Fit Test - SCBA Mask - Quantitative			
a. Short test	\$45.00	\$45.00	\$45.90
b. Long test	\$45.00	\$45.00	\$45.90
7. Pulmonary Exam	\$130.00	\$130.00	\$132.60
8. Respiratory Exam	\$270w/CXR:\$195 w/o CXR	\$270 w/CXR:\$195 w/o CXR	\$275w/CXR: \$199 w/o CXR
9. Blood alcohol -(breathalyzer only)	N/A	N/A	N/A
10. Blood lead	\$25.00	\$25.00	\$25.50
11. Cholinesterase	\$20.00	\$20.00	\$20.40
12. DOT exams (CDL and Gas Pipeline)	\$100.00	\$100.00	\$102.00
13. NIDA Drug Screen (5 panel, split specimen)	\$22.00	\$22.00	\$22.44
14. HDL/LDL Ratios	\$35.00	\$35.00	\$35.00
15. Non-NIDA Drug Screen (10panel, split specimen)	\$22.00	\$22.00	\$22.44
16. H-BIG (per cc)	\$170.00	\$170.00	\$173.40
17. HIV	\$30.00	\$30.00	\$30.60
18. Hepatitis B Vaccine (3 shot series)	\$65/ea Series = \$195.00	\$65/ea Series = \$195	\$66/ea Series = \$199
19. Hepatitis Profile	\$50.00	\$50.00	\$51.00
20. Mercury Blood Test	\$18.00	\$18.00	\$18.36
21. 24 hour Heavy Metal urine test	\$42.00	\$42.00	\$42.84
22. RPR	\$70.00	\$70.00	\$71.40
23. Comprehensive Metabolic Panel	\$40.00	\$40.00	\$40.80
24. Maximal treadmill Stress test	\$300.00	\$300.00	\$306.00
25. LS5	\$250.00	\$250.00	\$255.00
26. PSA	\$10.00	\$10.00	\$10.20
27. Breathalyzer	\$36.00	\$36.00	\$36.72
28. Hepatitis AB, AG, and C Virus AB	\$70.00	\$70.01	\$71.40
29. Telephone Consult, Prescription & Non-prescription Drug clearance	\$45.00	\$46.00	\$47.00
30. Physical Examination, Prescription & Non-prescription Drug clearance	\$65.00	\$66.00	\$67.00
31. Back Examinations	Total cost \$195 w/o lift test; \$255 w/ lift test	Total cost \$195 w/o lift test;\$255 w/ lift test	Total cost \$199 s/o lift test: \$255 w/ lift test
a. W/L S3	\$200.00	\$200.00	\$204.00
b. W/L S5	\$250.00	\$250.00	\$255.00
c. Physical Exam and Lift test only	\$125.00	\$125.00	\$127.50

	d. Ergonomic analysis only	\$100.00	\$100.00	\$102.00
	e. Physical exam only	\$65.00	\$65.00	\$66.30
	f. Lifting test only	\$60.00	\$61.00	\$62.00
	34. Physician Hourly Rate	\$130.00	\$132.60	\$135.25
	35. Physician assistant Hourly Rate	\$80.00	\$81.60	\$83.20
	36. Medical Assistant Hourly Rate	\$47.00	\$47.94	\$48.90
	37. Expert Testimony - Physician Hourly Rate	\$175.00	\$178.50	\$182.00
	38. Expert Testimony - Physician Assistant Hourly Rate	\$100.00	\$102.00	\$104.00
	39. Expert Testimony - Medical Assistant Hourly Rate	\$50.00	\$51.00	\$52.00
III	Questionnaire			
	1. Research/Define/Update firefighter Physical Performance Stands rate per hour	\$100.00	\$102.00	\$104.00
	2. Research/Design/Update follow-up program to reduce health risks, correct medical problems and/or improve job performance capacity rate per hour.	\$100.00	\$102.00	\$104.00
	3. Participate in the maintaining of a TFD physical fitness program			
	a. Teach on site educational Program classes for lifestyle modifications, fitness training, stress reduction, and the reduction of health risks. Rate per hour	\$100.00	\$102.00	\$104.00
	b. Teach on-site physical fitness programs for Firefighter trainees to improve performance capacity. Rate per hour.	\$100.00	\$102.00	\$104.00
	4. CA 125 Test	\$13.00	\$13.00	\$13.26
	5. Continuation of Service Medical Evaluation	\$100.00	\$100.00	\$100.00
	6. Hepatitis A Titers	\$30.00	\$30.00	\$30.60
	7. Hepatitis Profile to include A,B, & C	\$50.00	\$50.00	\$51.00
	8. Urinalysis, Dip only	\$10.00	\$10.00	\$10.20
IV	Price proposals for Trenton Police Department			
	1. Provide research and guidance in developing training programs for recruits, trainees and other officers. Rate per hour.	\$100.00	\$102.00	\$104.00
	2. Telephone or in-person medical consultation per contract year.	\$2,000.00	\$2,000.00	\$2,040.00
	3. Provide research & development of protocol information per contract year.	\$1,500.00	\$1,500.00	\$1,530.00
	4. Provide guidance to TPD physical training instructors in developing training programs for police officers. Rate per hour.	\$100.00	\$102.00	\$104.00
V	Flat Fee Cost with monthly capitated pricing			
	1. Fire Fighter & Police Annual Examinations	\$12,645.00/month	\$12,645.00/month	\$12,898.00/month
	Pre-employment physical exams with drug screens	\$1,840.00/month	\$1,840.00/month	\$1,877.00/month
	3. Return to Work evaluations	\$7,792.00/month	\$7,792.00/month	\$7,948.00/month
	Per month total	\$22,277.00/month	\$22,277.00/month	\$22,723.00/month
	Per year total	\$267,324.00/year	\$267,324.00/year	\$272,670.00/year