

CC2021-02 OCCUPATIONAL HEALTH CLINIC SERVICES FOR A PERIOD OF ONE (1) YEAR WITH THE OPTION TO EXTEND TWO (2) ONE (1) YEAR EXTENSIONS FOR THE CITY OF TRENTON, DEPARTMENT OF ADMINISTRATION  
 PROPOSAL OPENING: APRIL 28, 2021 AT 11:00AM

CC2021-02 OCCUPATIONAL HEALTH CLINIC SERVICES FOR A PERIOD OF ONE (1) YEAR WITH AN OPTION TO EXTEND TWO (2) ONE (1) YEAR EXTENSIONS FOR THE CITY OF TRENTON, DEPARTMENT OF ADMINISTRATION	
NUMBER OF RESPONDENTS:	1
NAME OF BIDDER	CAPITAL HEALTH OCCUPATIONAL HEALTH CENTER
ADDRESS	4065 QUAKERBRIDGE ROAD - SUITE 104
CITY, STATE, ZIP	PRINCETON JUNCTION, NJ 08550
CONTACT NAME	JANICE PESCO, DIRECTOR
TELEPHONE	609-689-5750
FAX	609-689-5749
E-MAIL	<a href="mailto:JPESCO@CAPITALHEALTH.ORG">JPESCO@CAPITALHEALTH.ORG</a>
STOCKHOLDER DISCLOSURE STATEMENT	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	N/A
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED
NON-COLLUSION AFFADAVIT	INCLUDED
AFFIRMATIVE ACTION STATEMENT	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED
EIC	REQUIRED PRIOR TO AWARD OF THE CONTRACT
60-DAY EXTENSION COMPLIANCE	YES
EXCEPTIONS (IF ANY)	NONE
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED VENDOR
CITY OF TRENTON RESIDENCE POLICY	INCLUDED
REFERENCES	INCLUDED
EMERGENCY SERVICES	YES
W-9	N/A
LUMP SUM ANNUALLY	\$164,300.00 SEE ATTACHED BREAK-DOWN OF PRICING
FATAL FLAW	NONE

**All respondents shall submit pricing for the following (I. – IV.40.):**

I.	<b>Return to Work Physical Exam</b>	\$ 80
II.	<b>Special Medical Evaluation</b> 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.	
III.	<b>Fitness for Duty</b>	\$ 85
IV.	<b>Pre-Employment Examination</b>	\$ 80
1.	Medical History and Physical	\$ 80
2.	Back Assessment: Flex and Lift	\$ 80
3.	NIDA Drug Screen (5 panel)	\$ 45
4.	Non-NIDA Drug Screen (10 panel)	\$ 45
5.	Audiometry – Medical Class A	\$ 50
6.	Vision Test: Acuity, Horizontal Field, Color Perception	\$ 0
7.	Hepatitis B Titer	\$ 42
8.	PFT - Sporometry	\$ 72
9.	EKG	\$ 82
10.	Tuberculosis Skin Test	\$ 24
11.	Complete Blood Count and Differential	\$ 70
12.	Urinalysis (microscopic)	\$ 12
13.	Urinalysis (dip)	\$ 0
14.	HDL/LDL Ratios	\$ 42
15.	Comprehensive Metabolic Panel	\$ 39
V.	<b>Other Services Fee Schedule</b>	
	PA Chest x-ray	\$ 69
1.	PA and Lateral Chest x-ray	\$ 80
2.	Xray: Lumbar Spine, 3 view	\$ 138
3.	Back Assessment – Strength	INCLUDED IN LIFT TEST FOLLOWING JOB ANALYSIS
4.	Lifting Capacity	\$ 80
5.	Audiometry – Medical Class A	\$ 50
6.	Fit Test – SCBA Mask – Quantitative	NOT AVAILABLE (RESPIRATOR FIT TEST IS AVAILABLE AT \$40 EACH)
	a. Short Test	\$ NA
	b. Long Test	\$ NA
7.	Pulmonary Exam	\$ 106
8.	Respiratory Exam	(PHYSICAL EXAM, PFT, RESP QUESTIONNAIRE, CHEST X-RAY, AUDIOMETRY AND RECTAL)
	a. Hemocult Slide	\$ 21
9.	Blood Alcohol	\$ 23
10.	Blood Lead	\$ 42
11.	Cholinesterase	\$ 74
12.	DOT exams (CDL and Gas Pipeline)	\$ 90
13.	NIDA Drug Screen (5 panel, split sample)	NON-NIDA 5 PANEL SAME PRICE
14.	Non-NIDA Drug Screen (10 panel, split sample)	\$ 45
15.	H-BIG (per cc)	\$ NA
16.	HIV	\$ 207
17.	Hepatitis B Vaccine (3 shot series)	\$ 32
		\$ 159

18. Hepatitis Profile	\$ 64
19. Mercury Blood Test	\$ 42
20. 24-hour Heavy Metal Urine Test	\$ 42
21. RPR	\$ 27
22. Comprehensive Metabolic Panel	\$ 39
23. Maximal Treadmill Stress Test	\$ 478
24. LS5	\$ 159
25. Digital rectal Exam	\$ 0
26. PSA	\$ 32
27. Breathalyzer	\$ 50
28. Hepatitis AB, AG and C Virus AB	\$ 70
29. Hepatitis Booster	\$ 53
30. TB Skin Test	\$ 24
31. Telephone Consult, Prescription & Non-Prescription Drug Clearance	\$ 37 EACH 15 MINUTES
32. Physical Examination, Prescription & Non-Prescription Drug Clearance	\$ 53
<b>33. Back Examinations</b>	
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: \$ 297	
a. W/L S3	\$ 190
b. W/L S5	\$ 220
c. Physical Exam and Lift Test Only	\$ 138
d. Ergonomic Analysis only	\$ 80
e. Physical Examination only	\$ 80
f. Lifting Test Only	\$ 80
34. Physician Hourly Rate	\$ 106
35. Physician Assistant Hourly Rate	\$ NA
36. Medical Assistant Hourly Rate	\$ 22
37. Expert Testimony - Physician Hourly Rate	\$ 148
38. Expert Testimony - Physician Assistant Hourly Rate	\$ NA
39. Expert Testimony - Medical Assistant Hourly Rate	\$ 27

**PRICE PROPOSALS FOR TRENTON FIRE DEPARTMENT:**

Hep B Surface Antibody	\$ 80
1. Hep B Surface Antigen	\$ 58
2. Skin Fold Test	\$ NA
3. EXAM 1, defined as follows	\$ 530
Age 20-29	Vital Signs
	Physical Exam
	Fitness Testing
	Complete Urinalysis
	Chemistry Profile
	Complete Blood Count
	HDL/LDL Ratios
	Pulmonary Function
	Vision
	Audiometry Medical Class A
4. EXAM 2, defined as follows	\$ 594
Age 30+	Same as EXAM 1 plus Electrocardiogram
5. HAZMAT EXAM, defined as follows	\$ 594
Same as EXAM 2, regardless of age, plus the Hazardous Materials Questionnaire	
6. Research/Define/Update Firefighter Physical Performance Standards.	\$ 80 /hour
7. Research/Design/Update follow-up program to reduce health risks, correct medical problems and/or improve job performance capacity.	\$ 80 /hour
8. 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.	\$ 80 /hour
b. Teach on-site physical fitness programs for Firefighter trainees to improve performance capacity.	
\$ 143 /hour	
9. T4 Free and TSH Non-Dialysis Thyroid Test	\$ NA
10. NMP22 Bladder Cancer Check	\$ 32
11. CRP High Sensitivity Test	\$ 32
12. CA125 Test	\$ 32
13. Continuation of Service Medical Evaluation	\$ 95
14. Submaximal Treadmill	\$ 478
15. Source Testing	THESE SERVICES ARE ASSUMED TO BE ASSOCIATED WITH THE WORK EXPOSURE/INJURY AND ARE NOT INCLUDED IN THIS PROPOSAL

SEE #15 ABOVE

- a. HIV and Hepatitis Panel, collection kit, forms, tubes, biohazard bags and specimen box with seal  
\$ NA
- b. Draw Fee  
\$ NA
- c. Courier  
\$ NA
- d. Routing  
\$ NA
- 16. Hepatitis A Titers  
\$ 32
- 17. Hepatitis Profile to include A, B and C  
\$ 64
- 18. Hepatitis Booster  
\$ 53
- 19. Urinalysis, Dip only  
\$ 0
- 20. Telephone Consultations  
\$ 37 EACH 15 MINUTES

**PRICE PROPOSALS FOR TRENTON POLICE DEPARTMENT:**

- 1. Provide research and guidance in developing training programs for recruits, trainees and other officers. \$ 80 / per hour
- 2. Drug screening, as per TPD procedures
  - a. 5 panel drug screen \$ 45 each
  - b. 10 panel drug screen \$ 45 each
- 3. Telephone or in-person medical consultation year PHYSICIAN HOURLY RATE: \$106/HOUR \$ NA / per contract
- 4. On-site group Hepatitis inoculations \$ NA each
- 5. Provide research & development of protocol information year PHYSICIAN HOURLY RATE: \$106/HOUR \$ NA / per contract
- 6. Provide guidance to TPD physical training instructors in developing training programs for police officers \$ 80 /hour

JOB ANALYSIS: PER JOB TITLE: \$1,500/10 HOURS; \$125/HR AFTER 10 HOURS

B READER SERVICE FOR CHEST X-RAY ASBESTOS EXPOSURE ASSESSMENT: \$42

INDEPENDENT RADIOLOGISTS XRAY INTERPRETATION FEE (NON-CAPITALHEALTH) \$ 40-\$100

SEE NEXT PAGE FOR LUMP SUM PRICING

**CAPITAL HEALTH OCCUPATIONAL HEALTH CENTER PROPOSAL**  
**CITY OF TRENTON**  
**RFP CC 2021-02**

**LUMP SUM PRICE: \$164,300 annually**

- Capitated Services includes the services and testing in the tables below. It also includes annual Hazmat physicals and testing. EXCLUSIONS to this price are listed below.
- If the annual maximum number of services or tests is exceeded, additional services and tests will be at the pricing set out in pages 30-33

<b>Services</b>	<b>Annual Maximum Number of Services</b>
Pre-Employment Physical Exams	150
Return to Work/Fitness for Duty Exams	400
Department of Transportation Exams	60
Annual HazMat Physical Exams	40

<b>Tests</b>	<b>Annual Maximum Number of Tests</b>
Non-NIDA Drug Screen-5 panel	325
NIDA Drug Screen-5 panel	40
Breath Alcohol Testing	125
Complete Blood Count (CBC)	200
Comprehensive Metabolic Panel	200
Urinalysis	100
Urine Heavy Metals	40
Respiratory Questionnaire	80
EKG	80
Audiogram	80
PFT Spirometry	80
Chest x-ray PA/Lateral	80
B Reader Asbestos Exposure Assessment	80
Hepatitis Profile	20

**EXCLUSIONS** – the below services are *not* included in the above Capitated Services and related pricing.

1. Annual firefighter exams
2. Disability retirement exams
3. Surveillance physicals that are not part of Hazmat or Firefighter exam specifications
4. TB/PPD testing
5. Independent radiologist reading fee
6. Spinal/lift testing
7. Maximum exercise stress testing
8. Skin fold testing
9. Vaccination/on-site vaccination programs
10. Hourly consultation services and expert testimony fees