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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
R-2005-0041	Resolution	In Committee
	Resolution relative to approving Service Agreement between City of West Allis and Work Injury Care Center for Occupational Health Services.	
	Introduced: 2/1/2005	Controlling Body: Administration & Finance Committee

COMMITTEE RECOMMENDATION

Adopt

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
FEB 01 2005			Barczak	✓			
			Czaplewski	✓			
			Dobrowski				
			Kopplin				
		✓	Lajsic	✓			
			Narlock				
			Reinke	✓			
			Sengstock				
		✓	Vitale				
			Weigel		✓		
		TOTAL		5	0		

SIGNATURE OF COMMITTEE MEMBER

Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

ADOPT

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
FEB 01 2005		✓	Barczak	✓			
	✓		Czaplewski	✓			
			Dobrowski	✓			
			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
		TOTAL		10	0		



City of West Allis

7525 W. Greenfield Ave.
West Allis, WI 53214

Resolution

File Number: R-2005-0041

Final Action:

FEB 01 2005

Resolution relative to approving Service Agreement between City of West Allis and Work Injury Care Center for Occupational Health Services.

WHEREAS, the City of West Allis has previously obtained its occupational health services at the Aurora Medical Group-New Berlin Clinic; and,

WHEREAS, the City has an opportunity to obtain increased services with the Work Injury Care Center; and,

WHEREAS, the Work Injury Care Center will provide financial savings in occupational services provided to the City; and,

WHEREAS, the Work Injury Care Center and its agents will provide mandatory DOT Drug and Alcohol testing on-site at the Department of Public Works.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of West Allis that the attached Service Agreement between the City and Work Injury Care Center for occupation health services be and is hereby approved.

BE IT FURTHER RESOLVED by the Common Council of the City of West Allis that the proper City officials are authorized and directed to sign such document on behalf of the City and provide such copies to the Work Injury Care Center.

ADM\ORDRES\ADMR273

ADOPTED

February 1, 2005

Paul M. Ziehler, City Admin. Officer, Clerk/Treas.

APPROVED

February 4, 2005

Jeannette Bell, Mayor

WORK INJURY CARE CENTER



City of West Allis Preplacement & Associated Testing Service Plan

Thank you for choosing Work Injury Care Center to be your Occupational Health provider. We look forward to working with you. This document is to serve as an agreement between The City of West Allis and Work Injury Care Center to provide pre-placement examinations and testing for the City of West Allis.

The key to making this partnership a success will be clear and frequent communication. In order to facilitate this, we have assigned Krista Birr to be your Account Manager. Please feel free to contact her with any questions or comments.

Krista Birr
Account Manager
875 W. Layton Avenue
Milwaukee, WI 53221
(414) 489-3808

Below is an outline listing each organization's responsibilities. We have also included your current protocols and our schedule of fees for your review.

A. Work Injury Care Center will provide the following:

1. Preplacement Physicals, drug testing and related testing for:
 - Department of Public Works
 - Police Department
 - Fire Department
2. HAZMAT/Tunnel Rescue physicals for West Allis Fire Department
3. For preplacement physicals, Work Injury Care Center agrees to do the following:
 - Conduct the physical per established protocol
 - Provide a Recommendation for Placement for each candidate following completion of physical and all related testing. The recommendation for Placement will be communicated to the designated City of West Allis contact via fax, phone and/or mail.
4. The City of West Allis contacts are as follows:
 - Department of Public Works: Michael Pertmer 414-302-8832
Dave Wepking 414-302-8835 (am number)
414-302-8273 (pm number)
 - Police Department: Chief Dean Pushnig 414-302-8070
Deputy Chief Mike Jungbluth 414-302-8019
Deputy Chief Greg Dietrich 414-302-8020

AMEMBER OF *Covenant* HEALTHCARE

- Fire Department: Chief Steven Hook 414-302-8900
Assistant Chief Gary Streicher 414-302-8900
- HAZMAT / Tunnel Rescue: Greg Dufek 414-302-8903

B. The City of West Allis agrees to:

1. Upon request provide a job description for the candidate's position
2. Schedule appointments in advance – whenever possible – by calling a Client Support Specialist at the clinic location:
414-489-3800 Layton
414-352-9800 Florist
414-359-0800 Park Place
3. Inform each candidate that they must bring a photo ID with them to complete the drug screen portion of the preplacement physical

C. Protocols:

1. Department of Public Works Preplacement Physical:

Personal and Occupational health history review	
w/ physical examination	\$85
Muscular Skeletal Assessment (MSK) included	
Vision	\$10
Audiogram	\$20
Non DOT Drug Screen 10-panel	\$35
Medical Review Officer	\$13
Respirator Fitness Evaluation	\$50
PFT if needed	included

2. Lead Testing:

Lead and Protoporphyrin RBC	\$50
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3. Police Officer Preplacement Physical:

Personal and Occupational health history review	
w/ physical examination	\$85
MSK	included
Vision	\$10
Audiogram	\$20
Chest X-Ray single view	\$75
Lipid Panel	\$30
Urinalysis Dipstick	\$10
Comprehensive Metabolic Panel	\$30
Blood Count; HG/Platelet Count	\$15
Venous Collection	\$18
TB Skin Test	\$12

Work Injury Care Center Service Plan for the
City of West Allis

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Respiratory Fitness Evaluation	\$50
PFT if needed	included
EKG – 12 Leads	\$60
Non DOT Drug Screen 10-panel	\$35
Medical Review Officer	\$13
Heart Scan	\$250

4. Fire Fighter Preplacement Physical:

Personal and Occupational Health history and review w/ physical examination	\$85
MSK	included
Vision	\$10
Audiogram	\$20
X-Ray, single view	\$75
Lipid Panel	\$30
Urinalysis Dipstick	\$10
Complete Metabolic Panel	\$30
Blood Count; CBC	\$15
Venous Collection	\$18
TB Skin test	\$12
Respiratory Fitness Evaluation	\$50
PFT if needed	included
EKG – 12 lead	\$60
Non-DOT Drug Screen 10 panel	\$35
Medical Review Officer	\$13
Heart Scan	\$250

5. For HAZMAT / Tunnel Rescue Physicals, Work Injury Care Center agrees to do the following:

- Conduct the physical per the established protocol
- Communicate directly with Battalion Chief Dufek regarding physicals

HAZ MAT/ Tunnel Rescue Physical:

HAZMAT Physical	\$50
MSK	included
Vision	\$10
Lipid Panel	\$30
Urinalysis Dipstick	\$10
Comprehensive Metabolic Panel	\$30
Phosphorus Inorganic	\$25
Transferase; Alanine Amino	included
Urea Nitro; quan	included
Blood Count, CBC	\$15
EKG – 12 Leads	\$60
<i>Optional Services:</i>	
X-Ray single view (once every 3 years)	\$75

Work Injury Care Center Service Plan for the
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Heavy Metal Screen (after exposure only) \$125

Heart Scan* \$250

(*Doctor decision from baseline pre-placement physical heart scan findings or one every 3 years after age 45)

6. Annual Audio Testing - Work Injury Care Center would recommend that you work with our partner organization American Industrial Medical (AIM). This would allow your Health Department to continue all annual testing.

After each test, the Health Department would:

- a. fills out a Data Management form and faxes it directly to AIM.
- b. AIM will then perform the required Medical Reviews and enter the information into the City of West Allis data base housed at AIM.
- c. AIM will also notify the City of West Allis which employees need retests to confirm Threshold Shifts.
- d. The above process will be repeated as needed and directed by AIM. AIM may advise the City of West Allis to direct an employee to a specialist if required.

The cost for this service is \$5.00 per test. This does not require the purchase of any software.

7. DOT Random Drug & Alcohol Testing program – Attached is a proposal to manage your DOT Testing program. That proposal was provided by MRO Plus – a subsidiary company to Work Injury Care Center. MRO Plus will manage your required DOT Random Testing program and provide necessary reports. Fees are listed in that proposal.

Work Injury Care Center will provide the following services in conjunction with that MRO Plus proposal:

- Collection of Random Drug Screens *on site at DPW*, completion of necessary Chain of Custody Paperwork, laboratory testing \$50
- Breath Alcohol Testing (BAT) completed *on site at DPW* \$20

Protocols may be updated, added or changed as needed, please contact your Account Manager with any changes to your protocols. Changes generally take 24 hours to implement.

D. HIPPA Related Constraints

Work Injury Care Center will maintain all medical records for the City of West Allis job candidates and employees for (30) years. Work Injury Care Center will forward the placement recommendation to the City of West Allis department contact once the preplacement physical is completed.

E. Billing

Invoices for Employer Paid Services (physicals and related testing, drug testing) will be sent to the designated contact at the City of West Allis during the first week of every month for the previous month's activity. Billing terms are Net 30 days.

Each Department will be asked to submit a New Client Information sheet detailing the names, phone numbers and preferred method of contact. Any changes in contact names, phone numbers, or other information should be conveyed to your Account Manager as soon as the information is available.

This agreement will be effective from the date of signature by the City of West Allis representative. The term of this agreement will be active until either party notifies the other in writing that they wish to terminate the agreement. Advance notice of (30) days shall be given to terminate this agreement.

The Work Injury Care Center reserves the right to increase prices annually to accommodate changes in the marketplace. Work Injury Care Center will provide written notice of (30) days prior to any price changes.

F. Indemnity of Insurance

Work Injury Care Center will maintain and provide the insurance levels outlined on page 6 for the duration of this contract. The insurance coverage includes, but is not limited to, Medical Malpractice, General Liability, Workers Compensation and an umbrella policy.

We, City of West Allis, have read and understand this proposal and are requesting that the described services be provided for the costs detailed above.



Paul Ziehler

City Administrative Officer, Clerk, Treasurer

City of West Allis

2/7/05

Date



Krista Birr

Account Manager

Work Injury Care Center

1/18/05

Date

Service Plan Addendum
Insurance and Indemnification

Insurance:

Work Injury Care Center maintains the following Insurance coverage:

Medical Malpractice/Professional Liability:

Each physician has a personal policy each with cash limits of \$1,000,000 per incident and an Annual Aggregate of \$3,000,000. Above those limits each physician has Contingent Excess Liability Endorsement of \$1,000,000 each incident with Annual Aggregate of \$1,000,000.

General Liability:

Work Injury Care Center has a corporate policy with limits \$1,000,000 per occurrence and General Aggregate of \$2,000,000. This includes Hired/Non-owned Auto.

Workers Compensation:

Work Injury Care Center has a corporate policy with Employer Liability each incident \$100,000, Disease Policy limit \$500,000 and Disease Each Employee \$100,000.

Umbrella Policy:

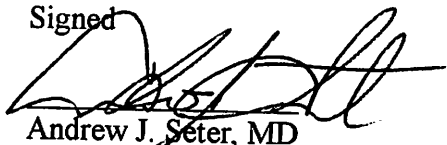
Work Injury Care Center also has an Umbrella Policy with a Liability Limit each occurrence \$1,000,000 and Liability Aggregate Limit of \$1,000,000.

A Certificate of Insurance is available upon request.

Indemnification:

Work Injury Care Center shall indemnify, defend and hold harmless the City of West Allis, it's agents, officers and employees from and against all judgments, costs, loss or expense, including the costs of attorney fees by reason of liability for damage caused by an wrongful, intentional or negligent act or omission of Work Injury Care Center or it's agents, officers and employees which may arise out of or are connected with medical services provided by Work Injury Care Center under this agreement.

Signed



Andrew J. Seter, MD

President & CEO

Work Injury Care Center

Date

1/18/05

Date: November 4, 2004

To: **City of West Allis**
Dave Wepking

From: **Marcia A. Mosley**
MRO Plus

RE: MEDICAL REVIEW OFFICER (MRO) SERVICES FOR **DOT** MANDATED DRUG TESTING
&
DOT RANDOM DRUG & ALCOHOL TESTING PROGRAM MANAGEMENT SERVICES

Dear Dave,

Thank you for your interest in MRO Plus' MRO services and DOT Random Drug and Alcohol Testing Program Administration and Management services. Because you employ drivers who must have a Commercial Driver's License (CDL), the federal government (DOT) requires that you follow the DOT's drug and alcohol testing requirements.

MRO Plus has (3) physicians who are Certified Medical Review Officers (MRO).

The DOT requires that a MRO review all DOT mandated drug tests. In addition, the DOT requires that any driver holding a CDL must be enrolled in a random drug and alcohol testing program that meets the DOT criteria.

In order for MRO Plus to provide MRO services and DOT random drug and alcohol testing program management services to your company, you must do the following:

1) Review the attached proposal, sign it, and fax or mail it to:

♦	MRO Plus/Work Injury Care Center	Fax #:	(414) 359-9437
	Attn: Marcia M.	Telephone:	(414) 359-9433
	11414 W. Park Place Ste. 100	Toll free:	(866) 676-7587
	Milwaukee, WI 53224		

2) Send to Marcia M. (via fax or US Mail):

- a) **Name & social security # of each CDL driver**
- b) **Billing contact name & billing address**
- c) **Results reporting preference**

MRO PLUS 2005 FEE SCHEDULE

DOT (DEPARTMENT OF TRANSPORTATION) RANDOM DRUG & ALCOHOL TESTING PROGRAM ADMINISTRATION & MANAGEMENT SERVICES

- ❖ Medical Review Officer (MRO) services for the Client's DOT mandated drug tests. Under the DOT regulations, all DOT drug tests must be reviewed by a Certified MRO.
- ❖ Communicating the DOT drug test results to the designated Client contact.
- ❖ DOT Random Drug & Alcohol Testing Program Administration and Management services.

These services include:

- Enrolling Client's CDL drivers in a Random Selection Pool
- Notifying Client of the random selection of their employee(s)
- Management of records per DOT standards
- "Blind sample" submission per DOT standards
- Quarterly report creation per DOT standards
- Revision of Client's roster of eligible drivers (based upon information provided by Client)

CHARGES:

- ◆ **MEDICAL REVIEW OFFICER (MRO) REVIEW @ \$13.00 PER DRUG TEST REVIEWED IN ADDITION TO DRUG/ALCOHOL COLLECTION AND ANALYSIS CHARGES**
- ◆ **ANNUAL RANDOM DRUG AND ALCOHOL TESTING PROGRAM ADMINISTRATION & MANAGEMENT SERVICES (please see fee schedule below):**

DOT CONSORTIUM MEMBERSHIP

<u># of Drivers</u>	<u>Annual Management Fee</u>
0 – 10	\$75
11 – 50	\$100
51 – 100	\$140
101 – 200	\$175
200 +	Special pricing per client

COMPANY SPECIFIC DOT CONSORTIUM

<u># of Drivers</u>	<u>Annual Management Fee</u>
0 – 50	\$100 plus (\$35.00 per draw fee)
51 – 75	\$150 same
76 – 100	\$175 same
101 – 150	\$225 same
151 – 200	\$300 same
200 +	Special pricing per client

BILLING:

- ◆ MRO review charges are charged only when a Client's DOT drug test is reviewed.
- ◆ Annual Administration and Management Fees as indicated above will be billed at a later date. This charge will cover the initial set up cost (if applicable) and administrative and management costs through December 31, 2005

- ◆ Terms are Net 30 days – no exceptions.

*****There may be an additional client set up charge if manual data entry is necessary.**

CONTRACT TERM:

January – December, 2005

AGREEMENT:

City of West Allis understands and agrees to the conditions defined above and agrees to have MRO Plus' MRO services for DOT drug screens, and to manage its DOT random drug and alcohol testing program.


Client Contact for **City of West Allis**
Date: 2/7/05


John Lerand for **MRO Plus**
Date: 1/18/05

Andrew Seter, MD for
John Lerand

CLIENT INFORMATION

COMPANY NAME WEST ALLIS PUBLIC WORKS DEPARTMENT
CONTACT NAME MIKE PERTMER, DIRECTOR OF PUBLIC WORKS
CLIENT ADDRESS 6300 W. McGEACH.
WEST ALLIS, WI 53219
CLIENT PHONE # 414 302-8832 CLIENT FAX # 414 302-8889

BILLING ADDRESS IF DIFFERENT THAN ABOVE:

DAVE WEPKING; SAFETY AND TRAINING COORDINATOR;
6300 W. McGEACH AVE. WEST ALLIS, WI 53219

RESULTS REPORTING CHOICE - within (24) hours of MRO review:

Call results & mail OR Fax results

VERY IMPORTANT!!!

PLEASE CONTACT MARSHFIELD LABORATORIES AT 1-800-331-3734 AND REQUEST FEDERAL CUSTODY AND CONTROL FORMS WITH MRO PLUS AND DR. ANDREW SETER AS THE MEDICAL REVIEW OFFICER. PLEASE HAVE THEM SENT TO YOUR SELECTED COLLECTION SITE.

*****CDL DRIVER ROSTER (for random drug & alcohol testing consortium*): Please attach a list of CDL drivers and their ID #'s (numbers) if your company has 10 or less drivers. For example:**

♦ John Jones 123456789

*****If your company has 10 or more drivers, please provide MRO Plus with the names and identification numbers of all participants. Please attach a roster with this information or email to: marcia@workinjury.as. The roster must be in Excel with the employee's first name and last name in column A and the employee's social security number in column B. PLEASE DO NOT PUT HEADINGS ON COLUMNS.**

*Most CDL drivers are placed in a consortium of up to (500) participants. If an employer has a large number of CDL drivers (eg., 100), or the employer prefers to have their CDL drivers in their own consortium, we will create an employer specific consortium.

THIS COMPLETED FORM MUST BE SENT OR FAXED TO MARCIA M. AT MRO PLUS WITH THE SIGNED PROPOSAL.

Once we receive this sheet and the proposal, we will set you up.

THANK YOU!



MEMORANDUM

TO: Paul M. Ziehler, City Administrative Officer, Clerk/Treasurer
FROM: Dave Wepking, Safety and Training Coordinator III *DW*
DATE: January 21, 2005
SUBJECT: Work Injury Care Center Service Contract

Attached, please find the Work Injury Care Center Service Contract to be submitted for Common Council approval.

The Work Injury Care Center Service Contract has been reviewed by the City's Attorney's Office per your recommendation.

If you have any questions or concerns please don't hesitate to contact me.

DW/jl

Enclosure

c: Susan F. Brees, Personnel Manager

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