BOARD OF PUBLIC WORKS AND SAFETY (Form B-01-2012)
Agenda Request Form

Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.

Date Submitted:	10/05/2016	**Meeting Date:**	10/17/2016
Contact Information:			
Requested by:	Chief Dan McElyea		
On Behalf of Organization or Individual:	Fire Department		
Telephone:	(317) 736-3650		
Email address:	dmcelyea@franklin.in.gov		
Mailing Address:	1800 Thornburg Lane, Franklin IN 46131		
Describe Request:			
Approval of the 2017 Public Safety Medical Service Agreement			
List Supporting Documentation Provided:			
2016 Public Safety Medical Service Agreement			
2017 Public Safety Medical Service Agreement			
Who will present the request?			
Name:	Chief Dan McElyea	**Telephone:**	(317) 736-3650

In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.

Franklin Fire Department
2016 Service Agreement

324 E. New York Street
Indianapolis, IN 46204
317.972.1180 Phone
317.972.1190 FAX

Delivery Location: ☒ Franklin Fire Department

The following when signed by **Public Safety Medical (PSM)** at 324 E. New York Street, Suite 300, Indianapolis, IN 46204 and **Franklin Fire Department, 1800 Thornburg Lane Franklin, IN 46131** will constitute our agreement for delivery of the services described below under the following terms and conditions.

Scope of Services

PSM agrees to provide the following services:

SERVICE	DESCRIPTION	Code	Cost	All
Blood and Lab Work	Blood Panel (CMP, CBC, Lipid, Venip.)	3500		X
	CMP (Comp. Metabolic Panel)	3522	$21.55	X
	CBC (Comp. Blood Count)	3083	$19.51	X
	Lipid Panel (total chol., HDL, LDL, ratio)	3523	$22.90	X
	Venipuncture	3000	$3.39	X
	Quantiferon -Tb (Blood)	3545	$56.30	X
	Thyroid Stimulating Hormone (TSH)	3126	$26.93	X
Medical Testing	Wellness Med. Testing:	12416		
	Vital Signs-ht, wt, BMI, BP, resp., pulse	6000	$0	X
	Vision-Acuity	6050	$29.28	X
	PFT – Pulmonary Function Test	6110	$37.16	X
	Audiometry	6090	$15.77	X
	EKG w/interp	6120	$22.52	X
	Urinalysis – Dipstick	6020	$3.39	X
	Chest X-ray – PA/LAT (Your Site) (all every year)	4010	$84.46	X
Physical Exam	Respirator/Medical Review	6304	$18.02	X
	Comprehensive Physical Exam	12500	$110.36	X
	Health Risk Appraisal (Motivation)	7000	$0	X
Fitness Services	Treadmill – Submax (40 +)	2080	$172.22	
Web-Based Services	OnMed Program	8135	$0	X
Admin Fees	Admin. Fee (Your Site)	3206	$17.50	X
	Records Release to Johnson Memorial	8130	$6.00	X
Subtotal				**$489.04**
Subtotal	**OVER 40 +**			**$661.26**
	HIV – 4th Gen. (Rapid Test) (offered to all)	3526	$24.93	X
	PSA-Prostate Specific Ages 40+ men	3115	$39.41	X
	Rectal/hemoccult (men ages 40+)	6130	Included	X
	Respirator Clearance Transfer *(personnel cleared by PSM through another dept.)*	3205	$26.53	X

Billing

Invoices are generated weekly. **Payment terms are Net 30 days.**

1. **Invoices sent via e-mail scan to: Dawn O'Sullivan**

   E-mail of Contact: dosullivan@franklin.in.gov

Right to Receive Notice of Breach

As required by the Health Insurance Portability and Accountability Act (HIPAA), PSM will provide a written notice to all **Franklin Fire Department** employees in the event we learn of any unauthorized acquisition, use or disclosure of your personal health information (PHI) as a result of not being properly secured as required by HIPAA. We will notify employees of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered. PSM will incur all expenses for notification and actions necessary to correct breach.

Policy on Additional Testing

In the event that PSM finds it necessary **to perform additional testing** at **Franklin Fire Department expense** and at the request of the medical director, the **Franklin Fire Department** representative will be notified in advance.

Policy on Repeat Testing

In the event that PSM finds it necessary **to retest a patient** due to a positive test result or the recommendation of the PSM medical director, the cost incurred will be billed to **Franklin Fire Department** if the retest was not based upon an error on the original test. The **Franklin Fire Department** representative will be notified in advance. If the retest is due to an error by PSM or a contracted laboratory or other representative, PSM will absorb any additional retest costs. No recommended actions will be made to **Franklin Fire Department** until PSM has received accurate retest information.

Policy on Reporting Results

PSM will provide a medical/respirator clearance letter for every patient. The letter will state whether or not the employee is medically cleared for duty. **No specific medical test results for any patient are provided to any representative without the written consent of the patient unless required by law (i.e. OSHA)**. If during the medical evaluation, findings are such that the patient cannot be medically-cleared for duty, the patient will be counseled as to the medical concerns and the need to limit duty assignment. The designated **Franklin Fire Department** representative will be notified, in general terms, of the need for duty restriction and any safety-sensitive responsibilities. It will also be recommended that the patient be re-evaluated by PSM, after appropriate medical treatment, to provide final clearance of return to full duty after a release is first made by the patient's treating physician. PSM will assist the employee with providing related medical information and their job requirements to the treating physician to assist in their care.

Dates and Location of Services

_____	BLOOD DRAWS CHEST XRAYS	**Dates: March 15-17** **Time: 7am-9am**	**Location:** 1150 Sloan Dr (Station Address) Franklin, IN 46131
_____	EXAMS	**Dates: April 12-15**	**Location:** 1150 Sloan Dr (Station Address) Franklin, IN 46131

Departmental Information

Contact person: **Name:** Dan McElyea **Title:** Chief **Phone:** (317)736-3650
E-mail: dmcelyea@franklin.in.gov
Address: 1800 Thornburg Lane Franklin, IN 46131

Chief of Dept.: **Name: Dan McElyea**

Price Increases

Price increases for the following year will be made known by **end of April** of the current year. Pricing reflected above is valid through December 31, 2016.

Records and Accounts

PSM shall maintain accurate records and accounts of all transactions relating to the Services performed by it pursuant to this Agreement.

Exam Arrival Time

To optimize the service provided to **Franklin Fire Department** personnel, we request that you send your personnel 15 minutes prior to their appointment time.

When Running Late

If your personnel are running late for their appointment(s), please call your client manager whose name and number is listed on the signature page. This will ensure that appropriate arrangements may be made at PSM to accommodate your personnel or potential rescheduling.

Cancellations and No Shows

Cancellations should be made **at least 3 days** (1 shift for fire departments) prior to the scheduled appointment. This enables PSM with enough notice to offer the appointments to another department and properly prepare. Any scheduled appointment that results in a No Show, or if the cancellation is less than a 3-day notice, may result in a No Show penalty fee of $40 per person. The **Franklin Fire Department** representative will be contacted prior to any fees being assessed.

Liability and Indemnification

PSM shall have no liability whatsoever to **Franklin Fire Department** for any error, act or omission in connection with the services to be rendered by PSM to **Franklin Fire Department** hereunder unless any such error, act or omission derives from willful misconduct or gross negligence.

Insurance

PSM maintains insurance to protect it and **Franklin Fire Department** from the claims set forth below which may arise out of or result from PSM operations under this Agreement, whether such operations be by PSM or by its subcontractors or by anyone directly or indirectly employed by any of them, or by anyone directly for whose acts any of them may be liable:

1. Claims under Workers' Compensation and Occupational Disease Acts, and any other employee benefits acts applicable to the performance of the work;
2. Claims for damages because of bodily injury and personal injury, including death, and;
3. Claims for damages to property

PSM insurance shall be not less than the acceptable industry standards for the performance of medical and occupational health-related services.

Confidentiality

PSM agrees to hold in strict confidence, and to use reasonable efforts to cause its employees and representatives to hold in strict confidence, all confidential information concerning **Franklin Fire Department** furnished to or obtained by PSM in the course of providing the agreed-upon services. PSM will not disclose or release any such confidential information to any person, except its employees, representatives and agents who have a need to know such information in connection with PSM performance under this Agreement or by the express written consent of a **Franklin Fire Department** employee.

Proprietary Information

PSM asks that all information provided within this document be held confidentially and not shared with any related providers, those organizations who could be considered competition to PSM, other fire or law enforcement organizations, or unnecessary personnel within the **Franklin Fire Department.**

Termination for Convenience

Either PSM or **Franklin Fire Department** may terminate this Agreement at any time by giving thirty (30) days written notice. PSM shall be entitled to payment for deliverables in progress, to the extent the work has been performed satisfactorily.

Term of Agreement

This agreement will be reviewed and updated annually. **Questions regarding this Agreement may be directed to the Client Manager below.**

Public Safety Medical	**Franklin Fire Department**
Rhonda Gallagher Name Printed	DANIEL MCELYEA Name Printed
Rhonda Gallagher Name Signed	Name Signed
Regional Client Manager Title	FIRE CHIEF Title
November 12, 2015 Date	1-25-16 Date

Your Public Safety Medical Contact

Client Manager: Rhonda Gallagher **Office:** 317.972.1180, ext. 349 **Mobile:** 317.437.4005

Franklin Fire Department (IND)
2017 Service Agreement

324 E. New York Street
Indianapolis, IN 46204
317.972.1180 Phone
317.972.1190 FAX

Delivery Location: ☒ Franklin Fire Department

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	Venipuncture	3000	$3.53	X
	Quantiferon -Tb (Blood)	3545	$58.55	X
	Thyroid Stimulating Hormone (TSH)	3126	$28.01	X
Medical Testing	**Wellness Med. Testing:**	12416		
	Vital Signs-ht, wt, BMI, BP, resp., pulse	6000	$0.00	X
	Vision-Acuity	6050	$30.45	X
	PFT – Pulmonary Function Test	6110	$38.65	X
	Audiometry	6090	$16.40	X
	EKG w/Interp	6120	$23.42	X
	Urinalysis – Dipstick	6020	$3.53	X
	Chest X-ray – PA/LAT (Your Site) **(Every Year)**	4010	$87.84	X
Physical Exam	Respirator/Medical Review	6304	$18.74	X
	Comprehensive Physical Exam	12500	$114.77	X
	Health Risk Appraisal	7000	$0.00	X
Fitness Services	Treadmill – Submax **(Everyone)**	2080	$179.11	X
Web-Based Services	OnMed Program	8135	$0	X
Admin Fees	Admin. Fee (Your Site)	3206	$20.00	X
Subtotal				**$689.52**
	HIV – 4th Gen. (Rapid Test) **(offered to all)**	3526	$25.93	X
	PSA-Prostate Specific **(Ages 40+)**	3115	$40.99	X
	Rectal/hemoccult **(men: ages 40+)**	6130	$0.00	X

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1. **Invoices sent via e-mail scan to: Dawn O'Sullivan**

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Departmental Information

Contact person:

Name: Dawn O'Sullivan **Title:** Administrator **Phone:** (317)736-3650 x8
E-mail: dosullivan@franklin.in.gov
Address: 1800 Thornburg Lane
Franklin, IN 46131

Chief of Dept.: **Dan McElyea**

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Public Safety Medical	**Franklin Fire Department (IND)**
Rhonda Gallagher Name Printed	Name Printed
Rhonda Gallagher Name Signed	Name Signed
Regional Client Manager Title	Title
September 19, 2016 Date	Date

Your Public Safety Medical Contact

Client Manager: Rhonda Gallagher **Office:** 317.972.1180, ext. 349 **Mobile:** 317.437.4005