



**COUNTY OF HENRICO
DEPARTMENT OF FINANCE
PURCHASING DIVISION
CONTRACT EXTRACT
NOTICE OF AWARD/RENEWAL**

DATE:	May 8, 2025
CONTRACT COMMODITY/SERVICE: <i>(include contracting entity if cooperative)</i>	Employee Health Services
CONTRACT NUMBER:	2766A
COMMODITY CODE:	948.74
CONTRACT PERIOD:	April 1, 2025 through March 31, 2026
RENEWAL OPTIONS:	Four one-year renewals through 2030
USER DEPARTMENT:	County
Contact Name:	Liz Warden
Phone Number:	840-501-1603
Email Address:	War043@henrico.gov
HENRICO COOPERATIVE TERMS INCLUDED:	Yes
SUPPLIER: Name:	BSMH Employer Services LLC, d/b/a BonSecours Occupational Health
Address:	PO Box 632197
City, State:	Cincinnati, OH 632197
Contact Name:	Liisa Gardner
Phone Number:	804-836-4394
Email address:	LiisaGardner@mercy.com
ORACLE SUPPLIER NUMBER:	782442
BUSINESS CATEGORY:	Non Swam
PAYMENT TERMS:	Net 45
DELIVERY:	n/a
FOB:	n/a
BUYER: Name:	Eileen Falcone, CPPB
Title:	Purchasing Manager
Phone:	804-501-5637
Email:	Fal51@henrico.gov

This contract is the result of a competitive solicitation issued by the Department of Finance, Purchasing Division. A requisition must be generated for all purchases made against this contract and the requisition must reference the contract number.

Pricing per Table 1 of Contract



COMMONWEALTH OF VIRGINIA

COUNTY OF HENRICO

DEPARTMENT OF FINANCE
OSCAR KNOTT, CPP, CPPO, VCO
PURCHASING DIRECTOR

Contract 2766A

First Amendment

First Amendment to the Professional Services Contract 2766A (this "First Amendment") dated March 27, 2025, amends the Professional Services Contract between the County of Henrico County, Virginia (the "**County**") and BSMH Employer Services, LLC d/b/a Bon Secours Occupational Health (the "**Contractor**") dated March 12, 2025 ("**Contract**").

Background

Pursuant to the Contract, the Contractor agrees to provide employee health services in accordance with the Contract.

The parties inadvertently left off the after-hours services for drug and alcohol testing services.

Accordingly, the parties agree as follows:

Amendment

1. The following is added to the end of Table 1, Optional Pricing subsection in the COMPENSATION section of the Contract:

TEST	PRICE
After-hours drug and alcohol testing (County must call Contractor's Secure Testing Services to advise of location where services are to be performed.)	\$674.00

2. Except as amended by this First Amendment, the Contract remains unchanged and in full force

To evidence the parties' agreement to this First Amendment, each party has signed it on the date stated under that party's name.

BSMH Employer Services, LLC d/b/a Bon
Secours Occupational Health
P.O. Box 632197
Cincinnati, OH 45263-2197

County of Henrico, Virginia

P.O. Box 90775
Henrico, VA 23273-0775

DocuSigned by:

Adam Vraves

05260560E473454...

Signature
Adam Vraves

Vice President

Printed Name and Title
5/7/2025

Date

Signature

Oscar Knott, CPP, CPPO, NIGP-CPP, VCO

Purchasing Director

05/08/2025

Date

APPROVED AS TO FORM

5/7/25
ASSISTANT COUNTY ATTORNEY



COMMONWEALTH OF VIRGINIA
County of Henrico

**Professional Services Contract
Contract No. 2766A**

This Professional Services Contract (this "Contract") entered into this 12th day of March 2025, by BSMH Employer Services, LLC d/b/a Bon Secours Occupational Health (the "Contractor"), and the County of Henrico, Virginia (the "County").

WHEREAS the County has awarded the Contractor this Contract pursuant to Request for Proposals No. 24-2766-10EMF (the "Request for Proposals"), for Employee Health Services.

WITNESSETH that the Contractor and the County, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the County as set forth in the Contract Documents.

COMPENSATION: The compensation the County will pay to the Contractor under this Contract shall be pursuant to Exhibit B and is summarized in Table 1 immediately below.

Table 1

TEST	PRICE
CAT 1	
DOT Urine Drug Screen	\$56.00
Non DOT Urine Drug Screen	\$46.00
Breath Alcohol Screen	\$36.00
Hair Drug Screen	\$94.00
Onsite fee for certified UDS and BAT collector – 2 hour minimum. If last sample goes passed the hour additional time is rounded up to the next 30 minute increment.	\$94.00
CAT 2	
Chest X-ray (PA & Lat)	\$187.00
Coronary Artery Calcium Score (CT Scan)	\$175.00
CAT 3	
Exercise Stress Test	\$315.00
CAT 4	
ABO	\$15.00
ALT (SGPT)	\$9.00

AML (Amylase)	\$12.00
BMP – Basic Metabolic Panel	\$17.00
CBC with Diff	\$14.00
CBC without Diff	\$12.00
CMP – Complete Metabolic Panel	\$18.00
CPK	\$11.50
HCG, urine qualitative	\$11.00
Hepatitis B Surface Antibody	\$22.00
Hepatitis B Surface Antigen	\$22.00
Hepatitis B Core Antibody	\$24.50
Hepatitis C Antibody	\$23.00
Hepatitis C RNA	\$55.00
HIV 1 & 2 Antibody	\$45.00
Lipid Panel (Chol/Trig/HDL/LDL)	\$22.00
Manual Differential	\$25.00
PSA Screening	\$30.00
Rabies Titer	\$79.00
Rh Antigen	\$6.50
RPR	\$18.00
Thyroid Study (Total T4/TSH)	\$16.00
Thyroid Stimulating Hormone (TSH)	\$30.00
U/A with Micro	\$13.25
U/A without Micro	\$19.00
Quantiferon Gold test	\$40.00
CAT 5	
Aluminum	\$16.00
Antimony	\$83.00
Arsenic Exposure Profile, Urine	\$168.00
Bismuth	\$92.00
Cadmium	\$264.00
Cholinesterase, RBC	\$59.00
Chromium, Plasma	\$52.00

Chromium, Urine	\$47.00
Copper	\$27.00
Heavy Metal Profile I, Urine	\$41.50
Heavy Metal Profile II, Urine	\$61.50
Lead, Serum (adult)	\$40.00
Lead, Urine	\$17.00
Magnesium	\$1.50
Mercury, Urine	\$117.00
Nickel, Plasma	\$33.00
Polychlorinated Biphenyls (PCB)	\$127.00
Zinc, Plasma or serum	\$44.00
Optional Pricing	
Basic Physical	\$99.00
TB Questionnaire	\$17.00
OSHA respiratory questionnaire	\$28.00
Pulmonary Function test	\$66.00
Respirator Physical	\$40.00
EKG w/interpretation	\$117.00
PPD	\$22.00
Spirometry	\$66.00
Audiometry	\$44.00
Urine dip (glucose, albumin, color, specific gravity, blood, ph)	\$37.00
CBC/DIFF	\$76.00
CMP	\$72.00
LIPIDS	\$32.00
Throid	\$66.00
PSA	\$76.00
Urine w/micro	\$44.00
Vision Titmus - (near & distant, corrected and uncorrected and peripheral	\$22.00
Vision - Color (police applicants)	\$15.00

CONTRACT TERM: The Contract term shall be from April 1, 2025, through March 31, 2026, and may be renewed for four (4) one (1) year periods upon written, mutual agreement between the County and the Contractor. In the event the Contractor does not wish to renew it shall provide the County 90 days' written notice thereof prior to the expiration of the Contract.

CONTRACT DOCUMENTS: This Contract hereby incorporates by reference the documents listed below (the "Contract Documents") which shall control in the following descending order:

1. This Professional Services Contract between the County and Contractor.
2. The General Contract Terms and Conditions included in the Request for Proposals.
3. The HIPPA Business Associate Agreement (Exhibit A).
4. Contractor's emails dated January 17, 2025, February 3, 2025, Best and Final Offer dated February 7, 2025; and additional emails for additional testing dated February 10, 2025, and February 14, 2025 (collectively, Exhibit B).
5. Contractor's Original Proposal dated November 19, 2024 (Exhibit C).
6. The Scope of Services included in the Request for Proposals.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound hereby.

BSMH Employer Services, LLC d/b/a Bon
Secours Occupational Health
P.O. Box 632197
Cincinnati, OH 45263-2197

Adam Vraves

Signature

Adam Vraves, Vice President

Printed Name and Title

3/11/2025

Date

County of Henrico, Virginia

P.O. Box 90775
Henrico, VA 23273-0775

[Signature]

Signature

John A. Vithoulikas

County Manager

3/12/2025

Date

APPROVED AS TO FORM

[Signature] 3-12-25
Assistant County Attorney

EXHIBIT A
HIPAA BUSINESS ASSOCIATE AGREEMENT

WHEREAS, the County of Henrico (the "County") and BSMH Employer services, LLC d/b/a Bon Secours Occupational Health ("Business Associate") entered into a contract on March 12, 2025 for the performance of Employee Health Services (the "Contract"); and

WHEREAS, the County is a hybrid entity including covered health care components and internal business associates under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the American Recovery and Reinvestment Act of 2009 ("ARRA"), Title XIII of ARRA, the Health Information Technology for Economic and Clinical Health Act ("HITECH") Subtitle D; and

WHEREAS, HIPAA, HITECH, and the implementing regulations have established Privacy and Security Standards (the Privacy, Security, Breach Notification and Enforcement Rules at 45 C.F.R. §§ 160 and 164); and

WHEREAS, Business Associate is directly subject to HIPAA, Title XIII of ARRA, and amendments thereto, and HITECH Subtitle D, and all related rules and regulations in effect and any amendments thereto; and

WHEREAS, Business Associate may receive from the County and use and/or disclose records that include information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual (Protected Health Information, "PHI"); and

WHEREAS, the Privacy and Security Standards require a Business Associate Agreement to ensure that PHI is adequately safeguarded as part of the Contract provisions.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained in this Business Associate Agreement ("BAA") and in the Contract and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged by the parties, the County and Business Associate agree as follows:

I. DEFINITIONS

The following terms used in this BAA have the same meaning as those terms in the Privacy and Security Standards: Breach, Business Associate, Disclosure, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Subcontractor, and Use.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE

1. Permitted Uses and Disclosure of PHI. Business Associate's activities for and/or on behalf of the County may involve the use and/or disclosure of PHI. Business Associate will use and/or disclose PHI only to the extent necessary to perform its

duties and obligations to the County or as otherwise required by law. Business Associate may permit the use of PHI by third parties, including its employees, contractors, agents, or other representatives, only to the extent directly related to and necessary for the performance of its duties and obligations to the County as required by the Contract or as otherwise permitted by law. Business Associate and its agents or subcontractors will only request, use and disclose the minimum PHI necessary to perform its duties and obligations in accordance with HIPAA, the HIPAA Regulations, and HITECH.

2. Safeguards Against Misuse of Information.

- a. Business Associate will use appropriate and reasonable safeguards to maintain the security of and prevent the improper use or disclosure of PHI.
- b. Business Associate will comply with 45 C.F.R. §§ 160.302 *et seq.* in utilizing administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic PHI, as that term is defined in 45 C.F.R. § 160.103, that it creates, receives, maintains or transmits on behalf of the County.
- c. Business Associate will train employees in information security, designating a security officer, conducting an information risk analysis, and developing a risk management remediation plan.
- d. Business Associate will abide by the prohibitions under the ARRA regarding the sale and marketing of PHI.
- e. Business Associate will comply with any other conditions that the Secretary of the Department Health and Human Services requires with respect to electronic PHI.

3. Reporting Breaches and Other Security Incidents and Mitigation of Effect.

- a. Business Associate will promptly report to the County: (1) any use or disclosure of PHI not authorized by the Contract of which it becomes aware; and (2) any "security incident," as defined by 45 C.F.R. § 164.304, of which it becomes aware. Business Associate will take reasonable steps to cure any such security incident and implement procedures for mitigating the harmful effects from any such security compromise. Business Associate will report the measures it took to mitigate any security compromise that may have occurred and shall report any data loss or other information system compromise as a result of the incident.
- b. In the event of a breach of unsecured PHI as defined in 45 C.F.R. § 164.410, Business Associate will comply with the breach notification requirements of 45 C.F.R. § 164.410 and notify the County without reasonable delay, and no later than two (2) business days of when Business Associate becomes aware of a breach. Notification of security incidents will include the identity of each individual whose unsecured PHI has been or is reasonably believed to have been accessed, acquired, or disclosed inappropriately during such breach.

Notifications will contain any other such information as Business Associate reasonably believes is required for the County to further investigate. Business Associate will also provide such assistance and further information as reasonably requested by the County in meeting its responsibility to notify all individuals affected, as detailed in 45 C.F.R. § 164.404.

4. Use and Disclosure of PHI by Subcontractors and Agents.
 - a. Business Associate will require any subcontractor or agent that is authorized to review, use or disclose PHI obtained by Business Associate from the County, to agree in writing to adhere to the same restrictions, conditions, and requirements regarding the use and disclosure of PHI and safeguarding of PHI that apply to Business Associate.
 - b. Business Associate will ensure that any subcontractor or agent to whom it provides electronic PHI that was created, received, maintained or transmitted on behalf of the County agrees in writing to implement reasonable and appropriate safeguards to protect the confidentiality, security, and integrity of the electronic PHI.
5. Access to Information. Throughout the term of this BAA, Business Associate will make available to the County all PHI provided to Business Associate by the County for so long as such information is maintained. Upon written request from the County, Business Associate will make an individual's PHI available to the County within fifteen (15) days of an individual's request for such information as notified by the County. In the event that the requesting individual's PHI is neither maintained nor accessible on site by the County or the Business Associate, the extended timeframe set forth in 45 C.F.R. § 164.504(3)(2)(iii)(C) will be available for Business Associate to respond to the County's request. In the event any individual requests access to County-provided PHI directly from Business Associate, Business Associate shall forward such request to the County. Any denials of access to PHI requested shall be the responsibility of the County. Business Associate shall further conform with and meet all the requirements of 45 C.F.R. § 164.524.
6. Availability of PHI for Amendment. Upon receipt of a request from the County to update PHI for an individual, Business Associate will incorporate any such amendment into its records within thirty (30) days of the request or as may be required by 45 C.F.R. § 164.526. If Business Associate receives a request from an individual for an amendment to County-provided PHI, Business Associate shall forward such request directly to the County. Any review and consideration of a requested amendment shall be the responsibility of the County.
7. Accounting of Disclosures. Upon request from the County, Business Associate will make available to the County such information as is in Business Associate's possession and is required for the County to make an accounting as required by 45 C.F.R. § 164.528. In the event the request for an accounting is delivered directly to Business Associate, Business Associate will forward such request to the County as soon as practicable. It shall be the County's responsibility to prepare and deliver any

such accounting requested. Business Associate will maintain an appropriate record keeping process to enable it to comply with the requirements of this Section.

8. Use and Disclosures for Business Associate's Purposes.

- a. Business Associate will only use or disclose PHI to the minimum necessary to carry out its duties and obligations under the Contract or as required by law. Business Associate may not use or disclose PHI in a manner that would violate 45 C.F.R. § 164.500 *et seq.*
- b. Business Associate may disclose PHI for its own proper management and administration or to carry out its legal responsibilities, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the PHI is disclosed that it will remain confidential and be used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been breached.

9. Availability of Books and Records. Business Associate will make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by, Business Associate on behalf of the County available to the County and the Secretary of the Department of Health and Human Services for purposes of monitoring compliance with the Privacy and Security Standards.

10. Indemnification. Business Associate will indemnify and defend the County, its agents, representatives, and employees from any claims, demands, losses, or liabilities including attorney's fees arising out of or related to Business Associate's breach or alleged breach of the terms of this BAA by Business Associate or any agent or subcontractor of Business Associate.

11. Compliance with Requirements. To the extent the Business Associate is to carry out one or more of the obligations of the County under 45 C.F.R. § 164.500 *et seq.*, Business Associate will comply with the requirements that apply to the County in the performance of such obligations.

III. OBLIGATIONS OF THE COUNTY

1. Notice of Privacy Practices. The County will notify Business Associate of any limitation in its Notice of Privacy Practices, which the County, or any of its departments, provides or makes available to individuals pursuant to 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
2. Restrictions on Disclosures. If applicable to Business Associate, the County will notify Business Associate as soon as practicable of any request for restrictions by an individual of the use or disclosure of the individual's PHI that the County has agreed to accept. The County will also notify Business Associate, if applicable, of any

changes in, withdrawal, or revocation of any authorization or other permissions(s) granted the County by an individual for the use and disclosure of the individual's PHI.

3. Impermissible Requests. The County will not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy or Security Standards if done by the County. Nothing in this section shall preclude Business Associate from using or disclosing PHI for its management and administrative activities as provided in Section II.8 above.

IV. MISCELLANEOUS

1. Term. This BAA will remain in effect for the term of the Contract between the County and the Business Associate, including any extensions or renewals thereof.
2. Termination for Cause. Upon the County's knowledge of a material breach by Business Associate, the County will provide Business Associate an opportunity to cure the breach or end the violation. The County may terminate the Contract: (a) immediately if Business Associate has breached a material term and cure is not possible; or (b) upon Business Associate's failure to cure the breach or end the violation within the time specified by the County.
3. Effect of Termination.
 - a. Except as provided in paragraph b of this section, upon termination of this BAA for any reason, Business Associate will return or destroy all PHI received from the County, or created or received by Business Associate on behalf of the County. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate will not retain copies, including electronic copies, of the PHI.
 - b. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate will provide the County notification of the conditions that make return or destruction infeasible and extend the protections of this BAA to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.
4. Amendments. This BAA, and any provision thereof, may be amended, modified or deleted by written agreement of the parties. The parties may amend this BAA from time to time as necessary for the County and Business Associate to comply with the Privacy or Security Standards and all other applicable laws or regulations.
5. Survival. The respective rights and obligations of Business Associate and the County survive termination of this BAA and any underlying Contract.
6. Interpretation. This BAA shall be interpreted as broadly as necessary to implement and comply with the Privacy and Security Standards. Any ambiguities in this BAA will

be resolved in favor of a meaning that complies with the Privacy and Security Standards.

7. Governing Law and Venue. This BAA is governed by applicable federal laws and the laws of the Commonwealth of Virginia without regard to laws relating to choice of law or conflicts of law. Exclusive venue for any dispute arising hereunder will be resolved in the Circuit Court of the County of Henrico, Virginia.
8. Coordination of Documents. In the event of a conflict between a provision of this BAA and the Contract, the provisions of this BAA will control.
9. Notices. All notices, requests, demands and other communications required or permitted to be given or made under this BAA shall be in writing, shall be effective upon receipt, and shall be sent by (a) personal delivery; (b) certified or registered United States mail, return receipt requested; (c) overnight delivery services with proof of delivery; or (d) facsimile with return facsimile acknowledging receipt. Notices will be sent to the address below:

To Covered Entity: Brandon Hinton, Privacy Officer
County of Henrico
4301 E. Parham Road
P.O. Box 90775
Henrico, Virginia 23273-0775
Facsimile: (804) 501-4162

To Business Associate: Liisa Gardner
BSMH Employer Services, LLC d/b/a Bon Secours
Occupational Health
PO Box 632197
Cincinnati, OH 45263-2197

IN WITNESS WHEREOF, the parties hereto have signed this Business Associate Agreement.

Name of Company Bon Secours

County of Henrico

By: Adam Vraves

By: [Signature]

Title: Vice President

Title: County Manager

Date: 3/11/2025

Date: 3/12/2025

APPROVED AS TO FORM

[Signature]

3/12/25

ASSISTANT COUNTY ATTORNEY

EXHIBIT B

Falcone, Eileen

From: Gardner, Liisa <LiisaGardner@mercy.com>
Sent: Friday, January 17, 2025 2:24 PM
To: Falcone, Eileen
Subject: Re: RFP 24-2766-10EMF Employee Health Services Negotiation Letter
Attachments: VA-Basic History.pdf

Good afternoon!

For convenience, I have attached a copy of the form that we use for a basic pre-hire or annual physical, which is \$99.00.

If Henrico County uses a particular form that has additional components, we can provide a breakdown of those prices also.

- The basic components are H & P (History and Physical) to include a past account of the patient's current and past conditions, symptoms, surgeries, allergies, etc.
- (Here at Bon Secours we ask our candidates about work capacity — bottom of 1st page)
- Then typically it's height / weight / blood pressure / pulse / respirations / Vision and hearing testing / a BAT and a UDS.
- We also offer respirator physicals, DOT physicals, Hazmat physicals and Return to Work physicals among others. We will gladly provide pricing for those if requested.

As far as using our Urgent Care centers for Chest X-rays, urine drug screens and breath alcohol tests, those can be done on a **walk-in basis**. If Henrico County can provide us with advance notice, that would be appreciated but not mandatory.

As a reminder, the Emergency Rooms cannot be used for these services (chest X-ray, UDS, BAT) unless they are being seen for a work related injury and select us from your Medical Provider Panel.

I am off on Monday but will still be checking emails in case you have additional items you would like clarification on.

Thanks Eileen!!!



MERCYHEALTH
Occupational
Health Services



Bon Secours
Occupational Health

Basic History

Patient's Name	Patient's ID	Patient's DOB	Date of Last Physical
Patient's SS#	Job Title	Occupational Hazards	

GINA (Genetic Information Nondiscrimination Act of 2008)

The GINA (Genetic Information Nondiscrimination Act of 2008) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, included an individual's family medical history, the results of an individual's or family member's genetic test, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Signature _____ Date _____

Have you had (or do you now have), any of the following? If yes, give dates below.											
	Yes	No		Yes	No		Yes	No		Yes	No
Anemia			Glaucoma			Rheumatism/Arthritis			Hepatitis		
Asthma			Heart Trouble			Severe Headaches			Liver Problems		
Stroke			High Blood Pressure			Bleeding Tendencies			Epilepsy		
Cancer/Tumor			Kidney/Bladder Trouble			Thyroid Problems			Gout		
Diabetes			Nervous Breakdown			Ulcer/Stomach Trouble					

Have you had any problems with any of the following? (If yes give details below)											
	Yes	No		Yes	No		Yes	No		Yes	No
Lumps			Balance			Pains. Aches			Digestion		
Moles			Passing Bowels			Hearing			Weight loss		
Swelling			Appetite			Seeing			Weight gain		
Stiff Joints			Sleeping			Smelling			Menstruation		
Dizziness			Breathing			Back Problems			Racing Heart		

Personal History: Give details of your medical problems, operations, serious illness, hospitalizations etc. below:

Month/Year	Illness or operation(s)	Complications
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Work Capacity Questionnaire

"Do You" or "Have You Ever Done the following?"

Yes No			Yes No			Yes No		
Smoke> one pack a day			Had a functional capacity exam			Spray chemicals		
Worked with Asbestos			Ever had "Light Duty" at work due to an injury			Go hunting / shoot a gun		
Worked as a tank cleaner			Left a job due to health problems			Have hand or wrist problems		
Worked with in a mine /quarry / foundry			Received compensation due to an injury or illness			Have trouble reaching or climbing		
Worked with formaldehyde			Exposed to chemicals on a job			Ever had broken bones		
Worked with solvents			Have a second job			Have difficulty lifting >20 lbs.		
Work in lead environment			Paint or sandblast			Have knee or ankle problems		
Ever had neck or back injury			Need special accommodations to do your job?			Loss Consciousness		



Bon Secours OccuMed

Physical Flow Form

Place label here:

Patient Name			SS#	Home Phone	Sex	Age	DOB																								
Service Date	Prev. Visit Date	Chart#	Account #	New Established	Register's Name	Signed In	Chart Ready																								
Company Name			Authorizing Person		Company Phone	Job Title																									
** ALLERGIES **			Medication (If any)		Exposure (If any)																										
<div style="display: flex; justify-content: space-between;"> <div> Type of Service: (Check all that apply) <input type="checkbox"/> UDS <input type="checkbox"/> Escreen <input type="checkbox"/> Physical <input type="checkbox"/> BAT <input type="checkbox"/> Blood Alcohol </div> <div> Physicals: <input type="checkbox"/> Basic <input type="checkbox"/> DOT <input type="checkbox"/> Respirator <input type="checkbox"/> Fit for Duty <input type="checkbox"/> HazMat <input type="checkbox"/> Executive <input type="checkbox"/> Other: </div> <div> Reason for Physicals <input type="checkbox"/> Pre-Placement <input type="checkbox"/> Exit <input type="checkbox"/> Annual/periodic <input type="checkbox"/> Promotion <input type="checkbox"/> Exposure </div> <div> Reason for UDS/BAT <input type="checkbox"/> Post Offer <input type="checkbox"/> Random <input type="checkbox"/> Probable Cause <input type="checkbox"/> RTD <input type="checkbox"/> Post Accident <input type="checkbox"/> Follow up </div> </div>																															
Time	Temp	BP	Last TT	Exercise Pulse	Time:																										
Pulse	Height	LMP	Repeat BP	Time:																											
Resp.	Weight	Body Fat	Repeat BP	Time:																											
Drug Test	Results Called	Vision		Hearing		PFT	EKG																								
<input type="checkbox"/> NDS <input type="checkbox"/> NNDS <input type="checkbox"/> Rapid <input type="checkbox"/> BAT <input type="checkbox"/> Hair <input type="checkbox"/> Sweat <input type="checkbox"/> Saliva	N/A N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No N/A N/A <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial Time <input type="checkbox"/> Snellings <input type="checkbox"/> Titmus Peripheral: R / L Color: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Uncorrected</th> <th>Corrected</th> </tr> <tr> <td>F</td> <td>B 20/</td> <td>B 20/</td> </tr> <tr> <td>A</td> <td>R 20/</td> <td>R 20/</td> </tr> <tr> <td>R</td> <td>L 20/</td> <td>L 20/</td> </tr> <tr> <td>N</td> <td></td> <td></td> </tr> <tr> <td>E</td> <td>B 20/</td> <td>B 20/</td> </tr> <tr> <td>A</td> <td>R 20/</td> <td>R 20/</td> </tr> <tr> <td>R</td> <td>L 20/</td> <td>L 20/</td> </tr> </table>			Uncorrected	Corrected	F	B 20/	B 20/	A	R 20/	R 20/	R	L 20/	L 20/	N			E	B 20/	B 20/	A	R 20/	R 20/	R	L 20/	L 20/	Initial Time <input type="checkbox"/> Booth <input type="checkbox"/> Handheld <input type="checkbox"/> Whisper Hz Right Left 500 1000 2000 3000 4000 6000 8000 <input type="checkbox"/> WNL <input type="checkbox"/> Other: Over Read <input type="checkbox"/> Yes <input type="checkbox"/> No		Initial Time Calculation to Use: FVC: _____ FEV1: _____ FEV 25/75: _____ FEV1/FVC Ratio: _____ Over Read <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial Time Over-read <input type="checkbox"/> Yes <input type="checkbox"/> No
	Uncorrected	Corrected																													
F	B 20/	B 20/																													
A	R 20/	R 20/																													
R	L 20/	L 20/																													
N																															
E	B 20/	B 20/																													
A	R 20/	R 20/																													
R	L 20/	L 20/																													
Labs		Labs Sent Out		X-Rays																											
Initial	Time	Initial	Time	Initial	Time																										
Urinalysis	Neg Results	Normal Range		<input type="checkbox"/> Chest P/A Only	<input type="checkbox"/> Chest P/A & Lat																										
Color		Colorless, Straw, Yellow, Amber		<input type="checkbox"/> "B" Reader																											
Appearance		Clear, Cloudy		Immunizations	Initial	Time																									
Leukocytes		Negative		<input type="checkbox"/> PPD																											
Nitrites		Negative		<input type="checkbox"/> Td																											
Urobilinogen		0.1-1.0mg/dl		<input type="checkbox"/> TT																											
Protein		Negative		<input type="checkbox"/> Hep B																											
PII		5.0-8.5		<input type="checkbox"/> MMR																											
Blood		Negative		<input type="checkbox"/> Hep A																											
SP Gr.		1.000-1.030		<input type="checkbox"/> Varicella																											
Ketones		Negative		<input type="checkbox"/>																											
Bilirubin		Negative		Comments:																											
Glucose		Negative																													
Hemocult		Negative																													
Discharge			Initial	Date / Time																											
<input type="checkbox"/> Faxed Respirator Clearance to company																															
<input type="checkbox"/> Faxed FFD to Company																															
<input type="checkbox"/> Mailed																															
<input type="checkbox"/> Give "Patient Letter" to patient																															
<input type="checkbox"/> Called FFD to:																															
<input type="checkbox"/> Faxed CCE/BAT to Third Party																															
<input type="checkbox"/> Give DOT certificate to patient																															
<input type="checkbox"/> Give Fit for Duty to patient																															

Falcone, Eileen

From: Gardner, Liisa <LiisaGardner@mercy.com>
Sent: Monday, February 3, 2025 5:01 PM
To: Falcone, Eileen; Warden, Liz
Subject: Re: RFP 24-2766-10EMF Employee Health Services Negotiation Letter

Good afternoon -- please see requested pricing below:

Basic physical (H&P) \$99.00
TB Risk Assessment : \$17.00
OSHA Resp Questionnaire: \$28.00
Chest X-ray (PA and LAT) \$187.00
EKG \$117.00 (w/interpretation)
PPD \$22.00
Spirometry \$66.00
Audiometry \$44.00

Urine dip \$37.00 (Glucose, albumin, color, specific gravity, blood, ph)

Diagnostics:
CBC/Diff \$76.00
CMP \$72.00
Lipids \$32.00
Thyroid \$66.00
PSA \$76.00
Urine w/micro \$44.00

We are looking forward to chatting with you soon!

From: Falcone, Eileen <fal51@henrico.gov>
Sent: Thursday, January 30, 2025 8:55 AM
To: Gardner, Liisa <LiisaGardner@mercy.com>; Warden, Liz <war043@henrico.gov>
Subject: RE: RFP 24-2766-10EMF Employee Health Services Negotiation Letter

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Hi Liisa

Sorry to hear that you have to attend a funeral. Sympathies to you.

I have sent out a TEAMS invite for 2/5 at 2:00 p.m.

Please send us the itemized price list of what is on the basic physical so we have it prior to this meeting. Preferably by the 3rd.

Falcone, Eileen

From: Gardner, Liisa <LiisaGardner@mercy.com>
Sent: Friday, February 7, 2025 2:06 PM
To: Falcone, Eileen; Warden, Liz
Subject: Pricing: RFP 24-2766-10 Employer Health Services
Attachments: Pricing Comparison Sheet_BS_Henrico.xlsx

Good afternoon! Attached is the pricing we are proposing for the above mentioned RFP. Our team worked on this earlier today as I wanted to get it to you by close of business.

Please let me know if you have any questions — I am local all next week and am at your disposal,

Have a wonderful weekend!

CONFIDENTIALITY NOTICE: This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

	A	B	C	D	E	F	G
1	Color code:	Lower than					
2	Review for better price	current					
3	TEST	ESTIMATED	CURRENT		PROPOSED		
4	CAT 1	ANNUAL	PRICE	TOTAL	PRICE	TOTAL	DIFFERENCE
5	DOT Urine Drug Screen	190	\$40.00	\$7,600.00	\$56.00	\$10,640.00	\$3,040.00
6	Non DOT Urine Drug Screen	323	\$40.00	\$12,920.00	\$46.00	\$14,858.00	\$1,938.00
7	Breath Alcohol Screen	33	\$32.00	\$1,056.00	\$36.00	\$1,188.00	\$132.00
8	Hair Drug Screen	5	\$87.00	\$435.00	\$94.00	\$470.00	\$35.00
9	TOTAL						\$5,145.00
10	CAT 2						
11	Chest X-ray (PA & Lat)	293	\$86.00	\$25,198.00	\$187.00	\$54,791.00	\$29,593.00
12							
13	CAT 3						
14	Exercise Stress Test	67	\$304.00	\$20,368.00	\$315.00	\$21,105.00	\$737.00
15							
16	CAT 4						
17	ABO	5	\$7.50	\$37.50	\$15.00	\$75.00	\$37.50
18	ALT (SGPT)	10	\$8.66	\$86.60	\$9.00	\$90.00	\$3.40
19	AML (Amylase)	10	\$10.60	\$106.00	\$12.00	\$120.00	\$14.00
20	BMP - Basic Metabolic Panel	5	\$16.00	\$80.00	\$17.00	\$85.00	\$5.00
21	CBC with Diff	756	\$14.00	\$10,584.00	\$14.00	\$10,584.00	\$0.00
22	CBC without Diff	5	\$11.00	\$55.00	\$12.00	\$60.00	\$5.00
23	CMP - Complete Metabolic Panel	759	\$18.00	\$13,662.00	\$18.00	\$13,662.00	\$0.00
24	CPK	5	\$10.64	\$53.20	\$11.50	\$57.50	\$4.30
25	HCG, urine qualitative	5	\$10.33	\$51.65	\$11.00	\$55.00	\$3.35
26	Hepatitis B Surface Antibody	174	\$22.00	\$3,828.00	\$22.00	\$3,828.00	\$0.00
27	Hepatitis B Surface Antigen	10	\$22.00	\$220.00	\$22.00	\$220.00	\$0.00
28	Hepatitis B Core Antibody	10	\$21.40	\$214.00	\$24.50	\$245.00	\$31.00
29	Hepatitis C Antibody	10	\$22.00	\$220.00	\$23.00	\$230.00	\$10.00
30	Hepatitis C RNA	10	\$51.41	\$514.10	\$55.00	\$550.00	\$35.90
31	HIV 1 & 2 Antibody	10	\$40.00	\$400.00	\$45.00	\$450.00	\$50.00
32	Lipid Panel (Chol/Trig/HDL/LDL)	758	\$22.00	\$16,676.00	\$22.00	\$16,676.00	\$0.00
33	Manual Differential	5	\$22.68	\$113.40	\$25.00	\$125.00	\$11.60
34	PSA Screening	214	\$30.00	\$6,420.00	\$30.00	\$6,420.00	\$0.00
35	Rabies Titer	10	\$24.50	\$245.00	\$79.00	\$790.00	\$545.00
36	Rh Antigen	5	\$5.50	\$27.50	\$6.50	\$32.50	\$5.00
37	RPR	5	\$11.00	\$55.00	\$18.00	\$90.00	\$35.00
38	Thyroid Study (Total T4/TSH)	10	\$14.00	\$140.00	\$16.00	\$160.00	\$20.00
39	Thyroid Stimulating Hormone (TSH)	366	\$28.00	\$10,248.00	\$30.00	\$10,980.00	\$732.00
40	U/A with Micro	54	\$12.50	\$675.00	\$13.25	\$715.50	\$40.50
41	U/A without Micro	5	\$12.50	\$62.50	\$19.00	\$95.00	\$32.50
42							\$1,621.05
43	CATS	Liz - fill in quantity below and fill other column					
44	Aluminum		\$41.10		\$16.00		-\$25.10
45	Antimony		\$26.00		\$83.00		\$57.00
46	Arsenic Exposure Profile, Urine		\$44.81		\$168.00		\$123.19
47	Bismuth		\$24.00		\$92.00		\$68.00
48	Cadmium		\$37.82		\$264.00		\$226.18
49	Cholinesterase, RBC		\$12.00		\$59.00		\$47.00
50	Chromium, Plasma		\$33.16		\$52.00		\$18.84
51	Chromium, Urine		\$33.16		\$47.00		\$13.84
52	Copper		\$20.38		\$27.00		\$6.62
53	Heavy Metal Profile I, Urine		\$29.00		\$41.50		\$12.50
54	Heavy Metal Profile II, Urine		\$80.00		\$81.50		-\$18.50
55	Lead, Serum (adult)		\$27.50		\$40.00		\$12.50
56	Lead, Urine		\$36.34		\$17.00		-\$19.34
57	Magnesium		\$14.00		\$1.50		-\$12.50
58	Mercury, Urine		\$41.46		\$117.00		\$75.54
59	Nickel, Plasma		\$40.06		\$33.00		-\$7.06
60	Polychlorinated Biphenyls (PCB)		\$10.11		\$127.00		\$116.89
61	Zinc, Plasma or serum		\$18.61		\$44.00		\$25.39
62							\$720.99
63						Total Difference	\$37,817.04
64	Coronary Artery Calcium Score (CT Scan)	New			\$175.00		
65							
66	Listed on email from 2/3 - Are these additional charge to the \$99.00 physical						
67	Basic Physical				\$99.00		
68	TB Questionnaire				\$17.00		
69	OSHA respiratory questionnaire				\$28.00		
70	Pulmonary Function test				\$66.00		
71	Respirator Physical				\$40.00		
72	EKG w/interpretation				\$117.00		
73	PPD				\$22.00		
74	Spirometry				\$66.00		
75	Audiometry				\$44.00		
76	Urine dip (glucose, albumin, color, specific gravity, blood, ph)				\$37.00		
77	CBC/DIFF				\$76.00		
78	CMP				\$72.00		
79	LIPIDS				\$32.00		
80	Thyroid				\$66.00		
81	PSA				\$76.00		
82	Urine w/micro				\$44.00		

Falcone, Eileen

From: Gardner, Liisa <LiisaGardner@mercy.com>
Sent: Monday, February 10, 2025 12:35 PM
To: Falcone, Eileen; Warden, Liz
Subject: Re: Pricing: RFP 24-2766-10 Employer Health Services

Sorry — I'm not sure how I missed this email from the other day!

So, the Quantiferon Gold test is **\$40.00**. We can do this through our lab. However, our lab does not perform the T-spot test. We typically use Quest labs for clients who request the T-spot. That cost would be **\$62.00** — but we would need to set Henrico County up on a Quest account and arrange for a courier service, etc.

Also, we need get the NPI numbers for the medical providers on staff so we can set up the courier account -- FYI.

From: Falcone, Eileen <fal51@henrico.gov>
Sent: Friday, February 7, 2025 4:27 PM
To: Gardner, Liisa <LiisaGardner@mercy.com>; Warden, Liz <war043@henrico.gov>
Subject: RE: Pricing: RFP 24-2766-10 Employer Health Services

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Hi Liisa

Would you be able to provide pricing for Quantiferon-TB Gold blood test or T-Spot. Both are blood tests to screen for tuberculosis.

Thank you

Eileen M. Falcone, CPPB
Purchasing Manager
804-501-5637
County of Henrico
Division of Purchasing
PO Box 90775
8600 Staples Mill Road
Henrico, VA 23273-0775



From: Gardner, Liisa <LiisaGardner@mercy.com>
Sent: Friday, February 7, 2025 2:06 PM

Falcone, Eileen

From: Gardner, Liisa <LiisaGardner@mercy.com>
Sent: Friday, February 14, 2025 10:14 AM
To: Falcone, Eileen; Warden, Liz
Cc: Cease, Bridget; Downer, Kimberly
Subject: Re: Pricing: RFP 24-2766-10 Employer Health Services

Good morning and Happy Valentines' Day!

For the Vision Testing:
(Titmus): Near and distant, corrected and uncorrected; peripheral: \$22.00
Vision - color: \$15.00

The Calcium CT score test is \$175.00, all scheduling and sharing of results will be executed by Bon Secours Occupational Health. This charge will be integrated into the bill we will have set up for Henrico County.

I hope this is helpful! Please let me know if there is anything else you need — I am here until 2pm today!

From: Falcone, Eileen <fal51@henrico.gov>
Sent: Thursday, February 13, 2025 3:38 PM
To: Gardner, Liisa <LiisaGardner@mercy.com>; Warden, Liz <war043@henrico.gov>
Cc: Cease, Bridget <cea01@henrico.gov>; Downer, Kimberly <DOW017@henrico.gov>
Subject: RE: Pricing: RFP 24-2766-10 Employer Health Services

WARNING: The sender of this email could not be validated and may not match the person in the “From” field.

CAUTION: This email originated from outside of the Bon Secours Mercy Health organization. **DO NOT CLICK** on any links or attachments unless you recognize the sender and you know that the content is safe.

Hi Liisa

Thank you for getting the price for the Stress Testing do include the Physician fee. We understand that if a confirmation is needed on the BAT there is an additional charge.

There are a couple vision tests we do on some of the Physicals that we need pricing for.

**Vision (Titmus): Near and distant, corrected and uncorrected; peripheral
Vision – Color (police applicants)**

The County will be handling the scheduling, results, and billing process since you will be able to provide a form for the person to bring when having the test done.

We are closed for the holiday on Monday. I really need to get the pricing situated as soon as possible. Can you get this all to me by tomorrow afternoon?

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TAB 1: Introduction and Signed Forms



November 8th 2024

Eileen M. Falcone
CPPB Purchasing Manager
Commonwealth of Virginia – County of Henrico
8600 Staples Mill Rd.
P.O. Box 90775
Henrico, VA 23273

RE: RFP No. 24-2766-10EMF Employee Health Services

Dear Ms. Falcone,

On behalf of BSMH Employer Services, LLC, d/b/a Bon Secours Occupational Health (BSOH), we are pleased to provide the following response to Henrico County's RFP for Employee Health Services.

As a mission-based organization, our focus is to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bringing good help to those in need, especially people who are poor, dying, and underserved. HHP recognizes and appreciates the importance of maintaining your employees' health and welfare and is excited about the opportunity to partner with Henrico County Public Schools to provide employee health services.

BSOH has the experience of successfully managing occupational health services such as physical examinations and drug/alcohol testing for organizations throughout the country, providing quality-driven results in an efficient and timely manner. This experience, combined with our knowledge of the Richmond market and local regulations, allows us to confidently offer these screenings to your employees.

Thank you for the opportunity to participate in the RFP process. We look forward to hearing from you and are committed to establishing and maintaining a partnership that will help ensure your employees remain as healthy and productive as possible.

Sincerely,

A handwritten signature in black ink that reads "Adam Vraves". The script is cursive and fluid.

Adam Vraves
Vice President, Bon Secours Occupational Health

a. Proposal Signature Sheet – Attachment A

PROPOSAL SIGNATURE SHEET

My signature certifies that the proposal as submitted complies with all requirements specified in this Request for Proposal ("RFP") **No. 24-2766-10EMF Employee Health Services.**

My signature also certifies that by submitting a proposal in response to this RFP, the Offeror represents that in the preparation and submission of this proposal, the Offeror did not, either directly or indirectly, enter into any combination or arrangement with any person or business entity, or enter into any agreement, participate in any collusion, or otherwise take any action in the restraining of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Section 1) or Sections 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Virginia.

I hereby certify that I am authorized to sign as a legal representative for the business entity submitting this proposal.

LEGAL NAME OF OFFEROR (DO <u>NOT</u> USE TRADE NAME):
BSMH Employer Services, LLC, d/b/a Bon Secours Occupational Health
ADDRESS: P.O. Box 632197
Cincinnati, Ohio
45263-2197
FEDERAL ID NO: 92-3716168
SIGNATURE: <i>Adam Vraves</i>
NAME OF PERSON SIGNING (PRINT): Adam Vraves
TITLE: Vice President, Occupational Health & Urgent Care

TELEPHONE:	206-465-3737
FAX:	206-465-9737
EMAIL ADDRESS:	avraves@bsmhealth.org
DATE:	11/19/2024

b. Business Classification Form – Attachment B

BUSINESS CATEGORY CLASSIFICATION FORM

Company Legal Name: BSMH Employer Services, LLC, d/b/a Bon Secours Occupational Health

This form completed by: Signature: Adam Vraes Title: Vice President, Occupational Health & Urgent Care

Date: 11/19/2024

PLEASE SPECIFY YOUR BUSINESS CATEGORY BY CHECKING THE APPROPRIATE BOX(ES) BELOW.

(Check all that apply.)

- ☐ SMALL BUSINESS
- ☐ WOMEN-OWNED BUSINESS
- ☐ MINORITY-OWNED BUSINESS
- ☐ SERVICE-DISABLED VETERAN
- ☐ EMPLOYMENT SERVICES ORGANIZATION
- ☒ ~~NON-SWAM~~ (Not Small, Women-owned or Minority-owned)

SUPPLIER REGISTRATION – The County of Henrico encourages all suppliers interested in doing business with the County to register with eVA, the Commonwealth of Virginia's electronic procurement portal, <http://eva.virginia.gov>.

eVA Registered? ☒ Yes ☐ No

If certified by the Virginia Minority Business Enterprises (DMBE), provide DMBE certification number and expiration date.

____ NUMBER _____ DATE

DEFINITIONS

For the purpose of determining the appropriate business category, the following definitions apply:

"Small business" means a business, independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or annual gross receipts of \$10 million or less averaged over the previous three years. One or more of the individual owners shall control both the management and daily business operations of the small business.

"Women-owned business" means a business that is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest is owned by one or more women who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

"Minority-owned business" means a business that is at least 51 percent owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals.

"Minority individual" means an individual who is a citizen of the United States or a legal resident alien and who satisfies one or more of the following definitions:

1. "African American" means a person having origins in any of the original peoples of Africa and who is regarded as such by the community of which this person claims to be a part.
2. "Asian American" means a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including but not limited to Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Mariana Islands, the Philippines, a U.S. territory of the Pacific, India, Pakistan, Bangladesh, or Sri Lanka and who is regarded as such by the community of which this person claims to be a part.
3. "Hispanic American" means a person having origins in any of the Spanish-speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who is regarded as such by the community of which this person claims to be a part.
4. "Native American" means a person having origins in any of the original peoples of North America and who is regarded as such by the community of which this person claims to be a part or who is recognized by a tribal organization.

"Service disabled veteran business" means a business that is at least 51 percent owned by one or more service disabled veterans or, in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more individuals who are service disabled veterans and both the management and daily business operations are controlled by one or more individuals who are service disabled veterans.

"Service disabled veteran" means a veteran who (i) served on active duty in the United States military ground, naval, or air service, (ii) was discharged or released under conditions other than dishonorable, and (iii) has a service-connected disability rating fixed by the United States Department of Veterans Affairs.

"Employment services organization" means an organization that provides community-based employment services to individuals with disabilities that is an approved Commission on Accreditation of Rehabilitation Facilities (CARF) accredited vendor of the Department of Aging and Rehabilitative Services.

c. Virginia State Corporation Commission Registration – Attachment C

**Virginia State Corporation Commission (SCC)
Registration Information**

The Offeror:

☒ is a corporation or other business entity with the following SCC identification number:
11286048 -OR-

☐ is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust -OR-

☐ is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the Bidder in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from Bidder's out-of-state location) -OR-

☐ is an out-of-state business entity that is including with this bid/proposal an opinion of legal counsel which accurately and completely discloses the undersigned Bidder's current contracts with Virginia and describes why those contracts do not constitute the transaction of business in Virginia within the meaning of §13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

Please check the following box if you have not checked any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids: ☐

d. Proprietary/Confidential Information – Attachment D

N/A

e. County of Henrico Insurance Specifications

Bon Secours Mercy Health agrees to the proposed coverages. Upon award, the appropriate COI's will be generated in accordance with the specifications listed.

TAB 2: Statement of Scope

1. Provide all labor, materials, equipment and technical and professional services for the scope of work on a 24/7/365 basis, with little to no disruption to the established, approved process. There shall be no disruption or inconvenience of the process in providing these services during the hours outside of "normal business hours", including utilizing a sub-contractor at a variety of locations.

Tab 3 – Default, Termination and Barred Certification Statement

Certification (Offeror Response to Section L)

I, Kirsten Saint Clair, President of Occupational Health & Urgent Care, hereby certify on behalf of BSMH Employer Services, LLC, d/b/a Bon Secours Occupational Health ("Offeror") that:

- 1) Offeror has not defaulted on any government contract in the last five years;
- 2) No government has terminated a contract with the Offeror for cause in the last five years; and
- 3) No officer, director, partner or owner of Offeror is currently barred from participating in any procurements by any federal, state, or local government body.

Signed:

Kirsten Saint Clair

Date: November 18, 2024

Tab 4 – Experience and Qualifications

Evidence of financial stability:

Fitch AA- w stable outlook

S&P A+ w stable outlook

Moody's A2 w positive outlook

Familiarity of OSHA regulations:

Our goal is to provide exceptional service delivery to our patients. We take pride in employing a variety of well qualified healthcare professionals. We proudly operate under the direction of board-certified physicians specializing in Occupational Medicine supported by Physicians, Physician Assistants, Nurse Practitioners, Registered X-Ray Technicians, Medical Assistants, Clinical Staff, Billing Specialists, and dedicated administrative teams.

The clinical staff must maintain Virginia licenses and certifications as well as annual education and competencies. The physicians and staff are required to meet the standards set forth by CLIA (lab certification), DOT, OSHA, CDC, and other federal and state regulations.

Qualifications and current licensure of medical professionals and all support staff who would be providing services:

BSOH's administrative team for the Richmond market includes: Occupational Health Manager, Tamara Smith, Medical Director: Dr. Alan Thurman, M.D., Physician Assistant: Eduardo Alvarez, Employer Sales Consultant: Liisa Gardner and Occupational Health Program Manager: Sharon Cook.

BSOH works under the Medical Directorship of Dr. Alan Thurman, M.D. Dr. Thurman has been a leader and expert of Occupational Health for over 30 years, practicing and lending consultative support to many of our local municipalities. He is certified by the American Board of Emergency Medicine and a National Registry Certified Medical Examiner. He is also a certified Medical Review Officer.

Bon Secours Occupational Health (BSOH), the Employer Solutions Division of Bon Secours, is passionate about the health and well-being of your workforce.

Our health system is the fifth largest Catholic healthcare organization in the country, with 48 hospitals 2,100 providers, and 1,000 sites of care. Through this extensive network of providers, we have experience in extending services and solutions to employers of different sizes, locations, and industries – in the many geographic regions we serve, including Virginia.

We provide all areas of employment health from pre-employment physicals, drug and alcohol screens, immunizations, fit-testing, respirator screenings, surveillance programming, workplace injury treatment, and return to work conditioning.

Structured as an LLC, BSOH is a division of Bon Secours Mercy Health (BSMH) and is a solely owned entity of BSMH, a non-profit entity. HHP has a dedicated service team of more than 175 associates.

BSOH is dedicated to continually improving workplace health, safety, and deliver improved outcomes. We've developed and tested unique and innovative ways to provide integrated, accessible health care and promote well-being for our clients' workplaces and their employees - focusing on occupational health and on-site care solutions. HHP and our parent is committed to living its mission of improving the health and well-being of our communities.

We currently operate 22 occupational health centers throughout our footprint. We also staff and manage the delivery of these services at clinics located on the campuses of many employers in our markets. In addition, we operate a number of urgent care facilities in the markets we serve and are scheduled to add additional centers in and around the Richmond market.

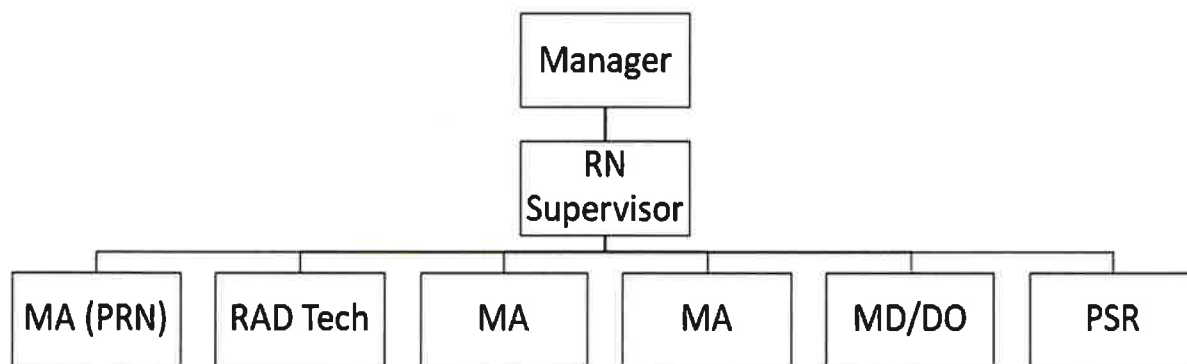
Specific provider and staff experience and qualifications can be found in **Appendix A (Provider/Staff Resumes and CVs)**.

Information on any sub-consultants that are necessary to provide the services required along with requested documentation:

Secure Testing Services (STS) 11075 Airpark Road Ashland Va 23005

BSOH will utilize Secure Testing Services for after-hours for-cause testing from 8pm-8am 7/365 at a Bon Secours emergency center or centers selected by the County of Henrico. STS will dispatch a certified UDS and BAT tech within 90 minutes of notification of need.

Current workload and proposed staff that would be assigned to this contract:



TAB 5: Functional requirements and Implementation of Services

BSOH operates two full service Occupational Healthcare clinics in the greater Richmond area.

Our Hanover clinic is located on the campus of Memorial Regional Medical Center at 8200 Meadowbridge Road Suite 301, Mechanicsville VA 23116.

***This clinic will be relocating to our brand new facility at The Sauer Center at 2230 West Broad Street Richmond VA 23220 in mid-January of 2025. This will be a co-located facility with Urgent Care, Primary Care, Physical Therapy, and Occupational Health. The Urgent Care component of this co-located facility can provide the requested UDS and BAT and hair collection services from 4pm-8pm 7/365 for Henrico County.**

Our Chester clinic is located in the same building as the Bon Secours freestanding emergency department located at 12021 US-1 Suite 200 Chester VA 23831.

Both of our Occupational Healthcare clinics are open Monday-Friday from 8am-4:30pm, however the latest we will register a UDS or BAT is 4:00pm.

Bon Secours has numerous Urgent Care centers located throughout the Greater Richmond area and Henrico County that are open 8am-8pm 7/365. Should BSOH be the awardee, we can discuss utilizing one or more of these Urgent Care Centers as supplements to the Sauer Center location.

BSOH takes a custom approach to implementing your program, as scope and timing varies by each initiative and will be discussed at onboarding meetings.

We follow all regulated requirements in the delivery of occupational health services and are positioned to be a strong resource in the event workers' compensation claims need to be managed.

Additional information is needed to appropriately address this question, however, the following components are what BSOH can offer:

- Upon award, we will meet with Henrico County to establish standard protocols
- A detailed project plan that is reviewed with a work breakdown structure as well as a comprehensive implementation plan from development to deployment
- An exact timeline will be determined following a needs-assessment of your program and any specific communication needs
- An assigned account liaison to manage and lead the entire transition process, tracking all deliverables and milestones in partnership with Henrico County to ensure a successful implementation
- Secure Testing Services (STS) 11075 Airpark Road Ashland Va 23005

- BSOH will utilize Secure Testing Services for after-hours for-cause testing at a Bon Secours emergency center or centers selected by the County of Henrico. STS will dispatch a certified UDS and BAT tech within 90 minutes of notification of need.

TAB 6: References

1. York County Public Schools
Address: 302 Dare Rd Yorktown, VA 23692
Dates of service: Since at least 2011 - Present

Contact: Melissa Gunn
Title: Personnel Specialist
Ph: 757-898-0441
E-mail: Mgunn@ycsd.york.va.us

Contact: Nikia Belizaire
Title: Personnel Specialist
Ph: 757-898-0441
E-mail: Nbelizaire@ycsd.york.va.us
2. City of Newport News
Address: 700 Town Center Drive, Ste 200, Newport News, VA 23600
Dates of service: Client since 08/07/2003

Contact: Latessa Davis
Title: Assistant Director, HR Department
Ph: 757-892-3691
E-mail: ltedavis@nnva.gov
3. Hanover County
Address: 7516 County Complex Road, Hanover, VA 23069
Dates of service: September 2015 - Present

Contact: Jim Taylor, ICMA-CM
Title: Deputy County Administrator for Hanover County
Ph: 804-365-6848 (office)

E-mail: jptaylor@hanovercounty.gov

Tab 9: Appendices

APPENDIX A: Provider/Staff Resumes and CVs

CURRICULUM VITAE

ALAN L. THURMAN, M.D.

PERSONAL DATA

Home address: 300 Myrtle Street, Ashland, VA 23005

Office address: 8200 Meadowbridge Rd, Suite 301, Mechanicsville, VA 23116

Office phone: (804) 442-3750 Fax: (804) 559-8943 Cellular phone: (804) 239-6750

e-mail address: alan_thurman@me.com

Date of Birth: September 9, 1961 Place of Birth: Knoxville, Tennessee

LICENSURE AND CERTIFICATION

Diplomate of the National Board of Medical Examiners, July 1, 1988

Virginia Medical License: 0101-042834 UPIN: E16548

Federal DEA Number: BT 1553177 NPI: 1013917186

Board Certified in Internal Medicine in 1990, recertified in 2007 & 2018

Certified in BLS; trained in ACLS, PALS, & ATLS

Certified Medical Review Officer (AAMRO) # 140928225

Certified in Diving and Hyperbaric Medicine

National Registry of Certified Medical Examiners for DOT # 1213488603

Professional Affiliations: AEP, AAMRO

Formerly on the Board of Directors of the Association of Emergency Physicians for 10 years

COMMUNITY SERVICE

Previously appointed to the City of Richmond Medical Control Board

Past President of the Henrico County Local Emergency Planning Commission

Powhatan Free Clinic volunteer physician

EDUCATION

Medical School: University of Tennessee Center for the Health Sciences, Memphis, Tennessee

Received M.D. degree with high honors on June 12, 1987

Awards and Honors: Alpha Omega Alpha Medical Honor Society, Phi Beta Kappa, Phi Kappa Phi

Undergraduate Education: University of Tennessee, Knoxville, Tennessee

Received B.A. degree with highest honors in Zoology and Biochemistry on March 18, 1983

Awards and Honors: Phi Beta Kappa, Phi Kappa Phi, Golden Key National Honor Society, Alpha Epsilon Delta, German Honor Society, Frederick T. Bontham Biology Scholarship

POSTGRADUATE TRAINING

INTERNSHIP & RESIDENCY: Medical College of Virginia: Internal Medicine July 1987 through June 1990

Faculty appointment with VCU Medical Center as Assistant Professor of Medicine 2006 & 2007

EMPLOYMENT

Emergency Physician: Emergency Associates of Virginia, Richmond Memorial Hospital, 1300 Westwood Avenue, Richmond, VA 23227 from April 1990 to June 1992

*(Before starting the next job, I had to physically recover from a serious motor vehicle accident)

Emergency Physician: Emergency Medical Associates, Parkridge Hospital, 2333 McCallie Avenue, Chattanooga, TN 37404 from September 1992 to July 1993

*(Before beginning this next job, I was recovering from a knee surgery)

Emergency Physician: Retreat Hospital, 2621 Grove Avenue, Richmond, VA 23220 from September 1993 to 2011

Emergency Physician: Richmond Community Hospital, 1500 N 28th St, Richmond, VA 23223 from 1994 to 2007

Emergency Physician: McGuire VA Medical Center, 1201 Broad Rock Blvd, Richmond, VA 23249 January 2006 to November 2007

Emergency Physician: Henrico Doctors Hospital Parham, 7700 E. Parham Rd, Richmond, VA 23294 December 2007 to May 2008

Emergency Physician: Emergency Consultants, Inc. (ECI) took over the contract at Retreat where I worked & eventually I worked in many of their other facilities, including Henrico Doctors, Chippenham, Johnston-Willis, and John Randolph Hospitals

Emergency Physician: Chippenham Urgent Care clinic in Farmville, Virginia from 2010 to November 2012

Emergency Physician: Southern Virginia Regional Medical Center, 727 N. Main St., Emporia, VA 23847, August 2011 to July 2016

Emergency Physician: Rappahannock General Hospital, 101 Harris Rd, Kilmarnock, VA 22482, February 2014 to July 2016

Occupational Health Physician at Retreat Hospital & Chippenham Hospital (part time) since 2009, & John Randolph since 2010, named Medical Director of John Randolph Occupational Health in 2012, ceased employment there September 2015

Occupational Health Physician at Hanover County & Bon Secours Good Health Clinic, 8200 Meadowbridge Rd, Suite 301, Mechanicsville, VA 23116 from October 2015 to present

Medical Director for Associate Health, Richmond market, 2017 to present

- Provided education and direct nursing care to patients with brain and solid tumors as well as hematological and infectious diseases.
- Administered Chemotherapy according to established protocols.
- Provided end of life education and care to patients and their families.

Academic Teaching Experience

Adjunct Faculty, Adult Health I Clinical Skills Laboratory, 8/2006 to 05/2008
The University of Memphis Loewenberg School of Nursing, Memphis, TN 38152

- Instructor of up to 5 classes per semester (10 students/class) of basic adult nursing skills including tracheostomy and chest tube care, IV initiation, traction, urinary catheter placement, and medication administration.

Education

Post-Master's Certificate, Family Nurse Practitioner, 2012
University of Virginia - Charlottesville, VA

Master of Science: Nursing, Concentration - Maternal Child Health, 2006
The University of Memphis - Memphis, TN

Bachelor of Science: Nursing, 2000
The University of Memphis - Memphis, TN

Bachelor of Arts: Biology, 1996
Lake Forest College – Lake Forest, IL

Licensure/Certifications

- National Registry of Certified Medical Examiners (exp. 02/2032)
- American Academy of Nurse Practitioners, Family Nurse Practitioner Certification (exp. 07/2027)
- Drug Enforcement Administration (DEA) (exp. 12/2024)
- Licensed Nurse Practitioner – Autonomous Practice/Prescriptive Authority, Virginia (exp. 12/2023)
- Registered Nurse, Virginia – Multi-State Privilege (exp. 12/2023)

Professional Engagement

- American Association of Nurse Practitioners (02/2019 – Present)
- Virginia Council of Nurse Practitioners (02/2011 – 09/2020)
- Sigma Theta Tau (04/2001 – 08/2015)

12907 SIR SCOTT TERRACE, CHESTER, VIRGINIA 23831
PHONE 804-318-1047 • E-MAIL EDUARDO23226@YAHOO.COM

EDUARDO G. ALVAREZ, PA-C.

EDUCATION

Jan 1999 – May 2001 **Eastern Virginia Medical School**, Norfolk, VA
Master of Physician Assistant

Aug 1995 – May 1997 **Norfolk State University**, Norfolk, VA
Bachelor of Science in Nursing

1987-1989 **Richard Bland College of The College of William and Mary**
Associate in Science Degree

PROFESSIONAL EXPERIENCE

April 2022- Present **Harness Health Partners**, Chester, VA, **Office manager/Physician Assistant**

Office manager and physician assistant performing urgent and routine care for workmen's comp injuries in the new Chester Occupational health clinic. Also perform a wide variety of physical exams, respirator certification exams, and DOT exams. Manage a staff of 4 employees

July 2007- March 2022 **HCA Virginia**, Richmond, VA, **Physician Assistant**

Performed urgent and routine care in an outpatient occupational health clinic with more than 10,000 annual visits. Also performed new hire, retention, respirator certification physicals for several public and corporate organizations in the Central Virginia area.

Jul 2005-Jan 2011 **Southside Regional Medical Center**, Petersburg, VA, **Physician Assistant**

Performed a wide variety of routine, urgent and emergent care in southern Virginia's only regional trauma center with more than 45,000 annual visits.

Apr 2002 – May 2007 **West End Orthopedic Clinic**, Richmond, VA, **Physician Assistant**

Provided routine, urgent and emergent care for a vast range of orthopaedic patients. Duties included first surgical assisting on hundreds of cases, rounding on inpatients, treating workers compensation injuries, casting fractures, reducing dislocations, interpreting x-rays, CT scans and MRI's, injecting and aspirating joints and taking call which covered two local hospitals, both inpatient and emergency rooms.

Jun 2001– Apr 2002 **The Smithfield Packing Company**, Smithfield, VA, **Physician Assistant**

Provided urgent and routine medical care in the on-site occupational health clinic for 3000 employees and perform the physical exams for new hires.

ADDITIONAL SKILLS/CERTIFICATIONS/LICENSES:

Fluent Spanish speaker

Federal UDS/BAT certified, current audiogram/PPT certifications, current healthcare provider BLS

FMCSA 4492916450, DEA License MA3457096, NPI #1881702157