

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20030291

1. REQUESTED MOTION:

ACTION REQUESTED: Approve Change Order Agreement to the Lee Memorial Health System Medical Director Agreement to provide physicals for EMS employees, in the amount not-to-exceed \$300,000.00.

WHY ACTION IS NECESSARY: Pursuant to the Lee County Contract Manual, approved by the Board on September 25, 2001, Change Orders over \$50,000.00 require Board approval.

WHAT ACTION ACCOMPLISHES: This change order is for Lee Memorial Health Systems to provide physicals for EMS employees.

2. DEPARTMENTAL CATEGORY:

Human Resources
COMMISSION DISTRICT #:

CLC

3. MEETING DATE:

04-15-2003

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE **AC-4-4**
- OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER _____
- B. DEPARTMENT _____
- C. DIVISION Human Resources
- BY: George Williams, Director

7. BACKGROUND:

On February 13, 2002, Lee County entered into a Medical Director Agreement with Lee Memorial Health Systems to provide physicals for the Lee County employees, at a cost of \$500.00 monthly and an additional \$45.00 for each DOT physical examination. This agreement is for a five (5) year period, with an increase by 3% at the beginning of the second year and an increase of 3% each additional year thereafter. This amount may be changed by mutual agreement of the parties at any time.

It is being requested that the Board approve this Change Order Agreement in order to add the EMS employees under this contract at a not-to-exceed amount of \$300,000.00.

Funds are available in KF5260100100.503490.
Attachment: two (2) Change Order Agreements

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services <i>Apr 4/3/03</i>				G County Manager
					OA	OM	Risk	GC	
<i>George A. Williams 3/25/03</i>	<i>Chris Rogers 3/26/03</i>	N/A		<i>3/26/03 P.M.</i>	<i>4/2/03</i>	<i>4/3/03</i>	<i>4/3/03</i>	<i>4-2-03</i>	<i>4-3-03</i>

10. COMMISSION ACTION:

- _____ APPROVED
- _____ DENIED
- _____ DEFERRED
- _____ OTHER

Rec. by CoAtty
Date: <i>3/25/03</i>
Time: <i>1:17 pm</i>
Forwarded To: <i>City Admino 3-26-03</i>

RECEIVED BY COUNTY ADMIN. <i>RK</i>
Date: <i>3-26-03</i>
Time: <i>4:10</i>
COUNTY ADMIN. FORWARDED TO: <i>OS</i>
<i>4/3 2:15</i>

C

CHANGE ORDER AGREEMENT
FOR
MEDICAL DIRECTOR

THIS CHANGE ORDER, the terms and conditions of which are set forth below, is made this 18th day of FEBRUARY, 2003 between Lee County, a political subdivision of the State of Florida, (hereinafter, the COUNTY) and Lee Memorial Health System, (hereinafter, the CONTRACTOR).

WHEREAS, the County contracted on February 13, 2002 with the above Contractor in order to hire a Medical Director; and

WHEREAS, this activity is necessary to carry out the required scope of services; and,

NOW, THEREFORE, the Contractor agrees to perform Public Safety physical examinations and services at the following rates:

Physical Exam	\$50.00
Labs	\$70.00
PRP Serology	\$ 9.00
Thyroid Panel	\$48.00
HIV	\$25.00
Hepatitis Panel	\$35.00
Vision/Hearing/PFT	\$50.00
Resting EKG	\$45.00
Chest X-Ray-2 View	\$60.00
Tetanus Vaccine/Boost	\$20.00
Meningitis Vaccine	\$85.00
Digital Rectal Exam	\$10.00
EKG Stress Test	\$175.00
PSA	\$45.00
Hepatitis A Series	\$120.00
Baseline Heavy Metals Screening	\$180.00

This is in addition to the already agreed upon scope of services.

Estimated possible cost: Maximum amount would be \$258,000.00 (Estimate \$57,000.00 for new hires and Estimate \$201,00.00 for current employees)

IN WITNESS WHEREOF the parties hereto have affixed their signatures this 18th day of FEBRUARY, 2003.

CONTRACTOR

BOARD OF COUNTY COMMISSIONERS

By: CB McManis M.D.
Contractor
LEE MEMORIAL HEALTH SYSTEM

By: _____
Chairman

By: _____
County Attorney