

**MODIFICATION OF CONTRACT NO. PO369101**

**BETWEEN THE CITY OF COLUMBUS CIVIL SERVICE COMMISSION  
AND MOUNT CARMEL HEALTH PROVIDERS**

This modification of contract agreement by and between the City of Columbus Civil Service Commission, acting through its Executive Director and under authority of Ordinance No. 3113-2023 passed December 4, 2023 for the purpose of modifying and increasing this contract, party of the first part, hereinafter designated the "Commission," and Mount Carmel Health Providers, party of the second part, hereinafter designated the "Contractor":

**WITNESSETH THAT:**

**WHEREAS**, pursuant to Ordinance No. 3084-2022, passed November 21, 2022, the Commission, and the Contractor, did execute Contract No. PO369101 for medical and stress testing services for police officer and firefighter applicants, and

**WHEREAS**, it is in the best interest of both the Commission and the Contractor to modify said contract; now, therefore,

**THE PARTIES MUTUALLY AGREE:**

- (1) That Article 2 – Maximum Obligation is amended to read:

The maximum obligation of the City of Columbus under the contract modification is increased by **One Hundred Thousand and NO/100s Dollars (\$100,000.00)**. The Commission agrees to pay the Contractor as full compensation for all professional services rendered pursuant to this contract an amount not to exceed **Four Hundred Ten Thousand and NO/100s Dollars (\$410,000.00)**.

- (2) All other sections and exhibits shall remain in effect for the duration of Contract Number PO369101.

**MOUNT CARMEL HEALTH PROVIDERS**

Michael J. Moran  
Signature (Michael J. Moran)

President, Mount Carmel Medical Group  
Title

12/12/23  
Date

CC005227  
Contract Compliance Number

**CIVIL SERVICE COMMISSION**

C. Amy DeLong  
Signature (C. Amy DeLong)

Executive Director  
Title

12/14/23  
Date

**MODIFICATION OF CONTRACT NO. PO369101**

**BETWEEN THE CITY OF COLUMBUS CIVIL SERVICE COMMISSION  
AND MOUNT CARMEL HEALTH PROVIDERS**

This modification of contract agreement by and between the City of Columbus Civil Service Commission, acting through its Executive Director and under authority of Ordinance No. 2738-2023 passed October 9, 2023 for the purpose of modifying the services to be rendered and associated pricing, party of the first part, hereinafter designated the "Commission," and Mount Carmel Health Providers, party of the second part, hereinafter designated the "Contractor":

**WITNESSETH THAT:**

**WHEREAS**, pursuant to Ordinance No. 3084-2022, passed November 21, 2022, the Commission, and the Contractor, did execute Contract No. PO369101 for medical and stress testing services for police officer and firefighter applicants, and

**WHEREAS**, it is in the best interest of both the Commission and the Contractor to modify said contract; now, therefore,

**THE PARTIES MUTUALLY AGREE:**

- (1) That Attachment A (attached hereto) of Contract PO369101 established between the City and Mount Carmel Health Providers authorizing medical and stress testing services for police officer and firefighter applicants, is amended to include a revised listing of the ACOEM required testing for **POLICE OFFICER** candidates; and, the revised, per unit cost of administering each exam component results in a new typical per police officer candidate total medical assessment charge **being Five Hundred Forty-three and 50/100s Dollars (\$543.50), effective October 9, 2023;**
- (2) All other sections and exhibits shall remain in effect for the duration of Contract Number PO369101.

**MOUNT CARMEL HEALTH PROVIDERS**

Michael Moran  
Signature (Michael Moran)

President  
Title

11/8/23  
Date

CC005227  
Contract Compliance Number

**CIVIL SERVICE COMMISSION**

C. Amy DeLong  
Signature (C. Amy DeLong)

Executive Director  
Title

October 13, 2023  
Date

## Contract Attachment A (Updated Pricing)

This page and included data is to replace medical test components, component unit pricing, and per candidate total pricing amounts found in the current/original Contract Attachment A with Mount Carmel Health Providers, Inc. per Ordinance 2738-2023. All other information included in the current/original Contract Attachment A is to remain unchanged.

	Current Exam	Required Exam (per ACOEM)	Recommended Exam	Exam With all components	Patient Pay
Bund Serv Lipid Panel	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00	
Bund Serv CBC W/Auto Diff WBC	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	
Bund Serv Comp Metabolic Panel		\$ 10.50	\$ 10.50	\$ 10.50	
Hemoglobin Blood Sugar (HgbA1c)			\$ 12.00	\$ 12.00	
Hepatic (Liver) Function Test			\$ 8.00	\$ 8.00	
GGT			\$	\$ 8.00	
Lead			\$	\$ 18.50	
ZPP (Zinc) Protoporphyrin-Quantitative)			\$	\$ 22.00	
TB IGRA			\$	\$ 61.98	
Urinalysis W/Microscopy	\$ 18.00		\$ 18.00	\$ 18.00	
Hepatitis B Surface Antibody (HBsAb)			\$	\$ 10.50	
Hepatitis C Antibody (HCAb)			\$	\$ 13.00	
HIV-1/HIV-2 single Assay	\$ 20.00		\$	\$ 20.00	
MMR Titer			\$	\$ 50.00	
Bund Serv Drug Non-DOT 5 Panel	\$ 41.00	\$ 41.00	\$ 41.00	\$ 41.00	
Audiometry Screening Pure Tone Air Only	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00	
EKG Review Interpretation And Report	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	
Spirometry/Pulmonary Function Test	\$ 26.00	\$ 26.00	\$ 26.00	\$ 26.00	
Visual Acuity Test, Titmus	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	
Vision Color Test, Ishihara	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	
HRR Pseudoisochromatic Plates					\$ 25.00
Bund Serv Physical Exam-Basic	\$ 91.00	\$ 91.00	\$ 91.00	\$ 91.00	
Xray - Chest PA & Lateral	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	
EP Performance VO2 Testing	\$ 230.00				
EP Exercise Performance Testing		\$ 175.00	\$ 175.00	\$ 175.00	
Add VO2 Mask					\$ 55.00
Cardiology Overred Prof Fee	No charge	No charge	No charge	No charge	
	\$ 626.00	\$ 543.50	\$ 581.50	\$ 785.48	\$ 80.00

**Linda Dummitt. CRCR**

MODIFICATION OF CONTRACT NO. PO369101

BETWEEN THE CITY OF COLUMBUS CIVIL SERVICE COMMISSION AND MOUNT CARMEL HEALTH PROVIDERS

This modification of contract agreement by and between the City of Columbus Civil Service Commission, acting through its Executive Director and under authority of Ordinance No. 2041-2023 passed July 31, 2023 for the purpose of modifying and increasing this contract, party of the first part, hereinafter designated the "Commission," and Mount Carmel Health Providers, party of the second part, hereinafter designated the "Contractor":

WITNESSETH THAT:

WHEREAS, pursuant to Ordinance No. 3084-2022, passed November 21, 2022, the Commission, and the Contractor, did execute Contract No. PO369101 for medical and stress testing services for police officer and firefighter applicants, and

WHEREAS, it is in the best interest of both the Commission and the Contractor to modify said contract; now, therefore,

THE PARTIES MUTUALLY AGREE:

- (1) That Article 2 – Maximum Obligation is amended to read:

The maximum obligation of the City of Columbus under the contract modification is increased by **Seventy Thousand and NO/100s Dollars (\$70,000.00)**. The Commission agrees to pay the Contractor as full compensation for all professional services rendered pursuant to this contract an amount not to exceed **Three Hundred Ten Thousand and NO/100s Dollars (\$310,000.00)**.

- (2) All other sections and exhibits shall remain in effect for the duration of Contract Number PO369101.

MOUNT CARMEL HEALTH PROVIDERS

Michael J. Moran  
Signature (Michael J. Moran )

President, Mount Carmel Medical Group

Title

10/9/23  
Date

CC005227  
Contract Compliance Number

CIVIL SERVICE COMMISSION

C. Amy DeLong  
Signature (C. Amy DeLong)

Executive Director  
Title

9/27/23  
Date

**MODIFICATION OF CONTRACT NO. PO369101**

**BETWEEN THE CITY OF COLUMBUS CIVIL SERVICE COMMISSION  
AND MOUNT CARMEL HEALTH PROVIDERS**

This modification of contract agreement by and between the City of Columbus Civil Service Commission, acting through its Executive Director and under authority of Ordinance No. 0776-2023 passed April 3, 2023 for the purpose of modifying and increasing this contract, party of the first part, hereinafter designated the "Commission," and Mount Carmel Health Providers, party of the second part, hereinafter designated the "Contractor":

**WITNESSETH THAT:**

**WHEREAS**, pursuant to Ordinance No. 3084-2022, passed November 21, 2022, the Commission, and the Contractor, did execute Contract No. PO369101 for medical and stress testing services for police officer and firefighter applicants, and

**WHEREAS**, it is in the best interest of both the Commission and the Contractor to modify said contract; now, therefore,

**THE PARTIES MUTUALLY AGREE:**

- (1) That Article 2 – Maximum Obligation is amended to read:

The maximum obligation of the City of Columbus under the contract modification is increased by **Two Hundred Thousand and NO/100s Dollars (\$200,000.00)**. The Commission agrees to pay the Contractor as full compensation for all professional services rendered pursuant to this contract an amount not to exceed **Two Hundred Forty Thousand and NO/100s Dollars (\$240,000.00)**.

- (2) All other sections and exhibits shall remain in effect for the duration of Contract Number PO369101.

**MOUNT CARMEL HEALTH PROVIDERS**

Michael J Moran Digitally signed by Michael J Moran  
Date: 2023.04.20 08:47:21 -04'00'

Signature (Michael Moran)

\_\_\_\_\_  
President

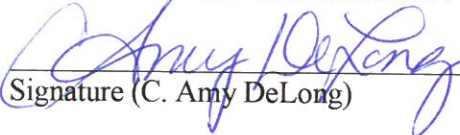
Title

\_\_\_\_\_  
Date

CC005227

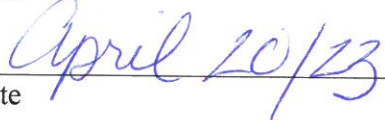
Contract Compliance Number

**CIVIL SERVICE COMMISSION**

  
Signature (C. Amy DeLong)

\_\_\_\_\_  
Executive Director

Title

  
Date

**CONTRACT  
FOR SERVICES OVER \$50,000**

\*ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.\*

This Contract for **pre-employment physicals and cardiovascular stress testing of public safety recruits** services is entered into by and between **Mount Carmel Health Providers** (herein referred to as "Contractor"), and the City of Columbus, Civil Service Commission (herein referred to as "City").

**WITNESSETH**

WHEREAS, the City has a need for pre-employment physicals and cardiovascular stress testing of public safety recruits services; and

WHEREAS, the Contractor has the necessary experience and expertise to provide said service; and

WHEREAS, this Contract is authorized by **Ordinance No. 3084-2022**, passed by Columbus City Council on **November 21, 2022**; and

**NOW, THEREFORE, in consideration of the mutual promises as hereinafter set forth, the parties agree as follows:** This Contract sets forth the entire agreement between the parties with respect to the subject matter hereof. Understandings, agreements, representations, or warranties not contained in this Contract, or as written amendment hereto, shall not be binding on either party. Except as provided herein, no alteration of any terms, conditions, delivery, price, quality, or specifications of this Contract shall be binding on either party without the written consent of both parties. This Contract is subject to the Ohio Public Records Act.

1. **Contract Term**

The term of this Contract shall be from **March 1, 2023** to **February 29, 2024**. This Contract shall not automatically renew.

2. **Maximum Obligation**

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed **Forty Thousand and NO/100s Dollars (\$40,000.00)** unless additional funds are appropriated and authorized.

3. **Pricing and Scope of Services**

The Contractor agrees to perform and invoice the Scope of Services as set forth **ON ATTACHED EXHIBIT A\*** and as contained in the bid specifications, which are expressly incorporated herein.

\*Contract is NOT valid if the Scope of Services is NOT attached.

No other costs, rates, or fees shall be payable to the Contractor for services performed hereunder. The terms and conditions specified in this Contract constitute the entire contract governing the purchase of services by the City from the Contractor, and shall supersede any terms and conditions which may accompany Contractor's invoice/bid/estimate. Any and all verbal representations are superseded by this Contract. The terms of this Contract shall prevail over any conflicting or deficient terms or conditions listed in any attachments from Contractor.

4. **Equal Opportunity Clause**

Contractor agrees to abide by all of the terms, conditions and requirements set forth in Columbus City Code Section 3906.02, Equal Opportunity Clause. Failure or refusal of a Contractor or Subcontractor to comply with the provisions of Title 39 may result in cancellation of this Contract.

5. **Taxes**

Federal or State taxes are not to be included on invoices for the described services. Contractor will be provided an exemption certificate, if needed.

6. **City's Contract Administrator/Contract Administration**

**Jennifer L. Shea**, will manage the Contract on behalf of the City and will be the principal point of contact for the City concerning the Contractor's performance under this Contract. Any notice or demand or other communication required or permitted to be given under this Contract or applicable law shall only be effective if it is in writing, properly addressed, and either delivered in person, or by a recognized courier service, or deposited with the United States Postal Services as first-class certified mail, postage prepaid and return receipt requested, to the parties at the following addresses: (List names and addresses of City and Contractor contact persons below.)

**Jennifer L. Shea, Esq.**  
Personnel Administrative Manager  
77 N. Front Street, Suite 301  
Columbus, OH 43215  
P: (614)645-8017 F: (614)645-8379  
[jlshea@columbus.gov](mailto:jlshea@columbus.gov)  
[www.columbus.gov/civilservice](http://www.columbus.gov/civilservice)

**Cora (Cathy) Lapp, RN, BSN, COHN-S CM**  
Occupational Health Clinical Manager  
4674 Britton Parkway  
Hilliard, OH 43026  
P: (614)210-4402 C: (614)313-5277  
[clapp@mchs.com](mailto:clapp@mchs.com)  
[www.mountcarmelhealth.com](http://www.mountcarmelhealth.com)

7. **Contractor as an Independent Contractor**

The Contractor shall be and shall remain an Independent Contractor with respect to all services performed hereunder and neither Contractor nor its employees shall be considered "public employees" for purposes of OPERS membership. Contractor agrees to and does hereby accept full and exclusive liability for the payment of any and all contributions or taxes for Social Security, unemployment insurance or old age retirement benefits, pensions or annuities now or hereafter imposed under any state or federal law which are measured by the wages, salaries or other remunerations paid to the Contractor or persons employed by the Contractor for work performed under the terms of this Agreement and further agrees to obey all lawful rules and regulations and to meet all lawful requirements which are now, or hereafter may be, issued or promulgated under said respective laws.

Individuals utilizing a personal social security number for tax identification purposes and business entities with four (4) or fewer employees must complete and submit, as Exhibit D, the OPERS independent contractor acknowledgment form. THIS FORM CAN BE FOUND AT WWW.OPERS.ORG

8. **Applicable Law, Remedies**

This Agreement shall be governed in accordance with the laws of the State of Ohio and the ordinances, statutes and provisions of the Columbus City Code and Charter; specifically including, but not limited to Charter Sections 159 and 161. All claims, counterclaims, disputes and other matters in question between the City, its agents and employees, and the Contractor arising out of or relating to this Agreement or its breach will be decided in a court of competent jurisdiction within the County of Franklin, State of Ohio.

Chapter 377 of the Columbus City Codes is hereby incorporated into the contract and Contractor is required to comply with said chapter. This includes, but is not limited to reporting requirements and the obligation to review the commission list of contractors and subcontractors that received an adverse determination. Penalties for failure to comply with the wage theft prevention code included suspension for three years, up to permanent disbarment.

9. **Payment/Invoice Submittal**

Fees shall be paid for services rendered following: (1) the City's receipt of a correct invoice, which designates the specific applicable charges, and (2) issuance of a certified purchase order. The City will not be subject to any late payment charges. Rates shall be firm during the term of this Contract. The City will process correctly documented invoices for payment and Contractor should receive payment for such invoice within thirty (30) days from receipt and approval by the City. Invoices: **All invoices shall be submitted to the address listed on the Purchase Order.**

10. **Modifications**  
No modification, amendment, alteration, addition or waiver of any section or condition of this Contract shall be effective or binding unless it is in writing and signed by an authorized representative of the City and the Contractor and approved by the appropriate City authorities.
11. **Contract Termination**  
If either the City or the Contractor violates any material term or condition of this Contract or fails to fulfill in a timely and proper manner its obligations under this Contract, then the aggrieved party shall give the other party (the "responsible party") written notice of such failure or violation. The responsible party will correct the violation or failure within thirty (30) calendar days or as otherwise mutually agreed. If the failure or violation is not corrected, this Contract may be terminated immediately by written notice from the aggrieved party. The option to terminate shall be at the sole discretion of the aggrieved party.  
  
When it is in the best interest of the City, the City may terminate this Contract, in whole or in part by providing seven (7) calendar days written notice to the Contractor prior to the effective date of termination. If this Contract is so terminated, the City is liable only for payments required by the terms of this Contract for services received and accepted by the City.
12. **Nonexclusive Remedies**  
The remedies provided for in this Contract shall not be exclusive but are in addition to all other remedies available under the law.
13. **Survivorship**  
All services executed pursuant to the authority of this Contract shall be bound by all of the terms, conditions, prices discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Contract, or any extension thereof. Further, the terms, conditions, and warranties contained in this Contract that by their sense in context are intended to survive this completion of the performance, cancellation or termination of this Contract, shall so survive.
14. **Save Harmless/Indemnification**  
Contractor shall protect, indemnify and save the City harmless from and against any damage, cost, or liability, including reasonable attorneys' fees, resulting from claims for any or all injuries to persons or damage to property arising from intentional, willful or negligent acts or omissions of Contractor, its officers, employees, agents, or Subcontractors. The City will not indemnify the contractor and is prohibited from doing so.
15. **Severability**  
If any term or condition of this Contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions for the Contract are declared severable.
16. **Assignment**  
This Contract may not be assigned or otherwise transferred to others by the Contractor without the prior written consent of the City. If this Contract is so assigned, it shall inure to the benefit of and be binding upon any respective successors and assigns (including successive, as well as immediate, successors and assignees) of the Contractor.
17. **Authority to Bind**  
The signatories to this Contract represent that they have the authority to bind themselves and their respective organizations to this Contract.
18. **Worker's Compensation**  
The Contractor shall comply with all Workers' Compensation laws of the State of Ohio. **Proof of coverage shall be attached to this Contract AS EXHIBIT B.**



19. **Insurance**

Contractor shall carry at least the minimum amounts listed below of Commercial Liability Insurance (Bodily Injury and Property Damage) naming the City as an additional insured. **Contractor must attach a copy of the Certificate of Insurance to this Contract AS EXHIBIT C:**

**Bodily Injury Liability:**

Each Person	\$500,000
Each Accident	\$1,000,000

**Property Damage Liability:**

Each Accident	\$500,000
All Accidents	\$1,000,000

20. **Campaign Contributions**

Contractor hereby certifies the following: that it is familiar with Ohio Revised Code (“O.R.C.”) Section 3517.13; that it is in full compliance with Divisions (I) and (J) of that Section; that it is eligible for this contract under the law and will remain in compliance with O.R.C. Section 3517.13 for the duration of this contract and for one year thereafter.

21. **City Income Taxes**

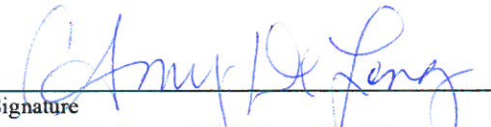
Contractor hereby further agrees to withhold and pay all city income taxes due or payable under the provisions of Chapter 362, Columbus City Codes, for wages, salaries and commissions paid to its employees and further agrees that any of its subcontractors shall be required to agree to withhold and pay any such city income taxes due under said chapter for services performed under this Contract. If it has been determined by the Columbus Income Tax Division that Contractor, or any of its subcontractors, owes city income taxes, the Contractor agrees that the City may withhold the amount due to the City from any amount due to the Contractor for services performed under this Contract notwithstanding paragraph 9 hereinabove.

IN WITNESS WHEREOF, the parties have executed this Contract as of the day and year written below.

**EXHIBITS A, B AND C MUST BE ATTACHED HERETO.**

**\*ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.\***

**CITY OF COLUMBUS**

 2/10/23  
 Signature Date  
 C. Amy DeLong, CSC Executive Director,  
 Civil Service Commission  
 Printed Name, Title and City Department

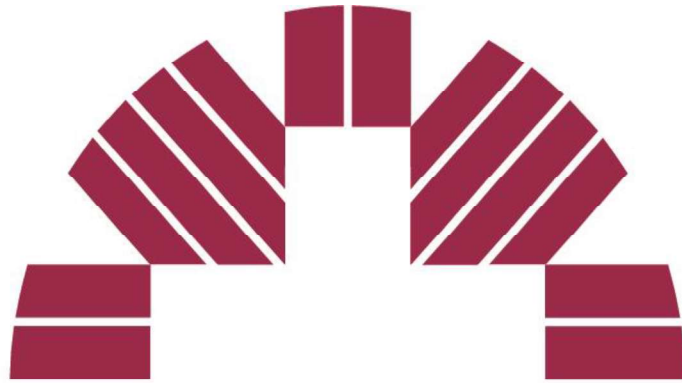
**CONTRACTOR**

**Michael J Moran** Digitally signed by Michael J Moran  
 Date: 2023.02.08 14:40:14 -05'00'  
 Signature Date  
 Michael J Moran, President Mt Carmel Medical Group  
 Printed Name and Title  
 Federal ID Number: 31-1382442

**Please List Remit Address Below:**

Mount Carmel Occupational Health Clinic  
 PO Box 933446  
 Cleveland, OH 44101

Police-Fire Surgeon  
Pre-Employment Physical and/or  
Cardiovascular Screening of Police and Fire  
Candidates  
Request for Proposals #RFQ023538



MOUNT CARMEL

A Member of Trinity Health

December 8, 2022

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### Addendum A

- Addendum A - Attachment A- 6.2.6.1. Attachment A: Non-Collusion Affidavit
- Addendum A -Attachment B - 6.2.6.2. Attachment C: Proof of Liability Insurance
- Addendum A - Attachment C -6.2.6.3.: Proof of Worker's Compensation Insurance
- Addendum A -Attachment D - 6.2.6.4. Attachment B: Signature Affidavit (not applicable)
- Addendum A - Attachment E -6.2.6.5. Completed Vendor Response Form

Addendum B - Proposal Responses RFQ023538 (includes Transmittal Letter)

Offer's Qualifications (6.2.2.1- 6.2.2.5)

Description of Services and Staffing (6.2.3.1)

Response to Contractor Requirements/Deliverables, Section 3.0 of this RFP (6.2.4.1 – 6.2.4.7)

Costs Proposal (6.2.5.1 – 6.2.5.4)  
See Exhibit 6

### **Exhibits**

1. Mount Carmel Occupational Health Physician's and Nurse Practitioner's Curriculum Vitae (CV) Proof of Licensure
2. Mount Carmel Occupational Health Brochure Registered Nurses Resume's
3. Clinical Exercise Physiologist Resumes
4. Mount Carmel Occupational Health Hilliard location map
5. Mount Carmel Occupational Health Physician's and Nurse Practitioner's Curriculum Vitae (CV)



December 8, 2022

City of Columbus  
Civil Service Commission  
77 N. High Street  
Columbus, Ohio 43215

City of Columbus Civil Service Commission:

Mount Carmel Occupational Health is pleased to have the opportunity to respond to your request for a proposal to continue providing medical services for pre-employment physicals and cardiovascular screening for Police Officer and Firefighter candidates. We have Physicians (Police-Fire Surgeon), Nurse Practitioners, Registered Nurses, Medical Assistants and Exercise Physiologists who are qualified to continue providing quality physical health and cardiovascular screening.

Mount Carmel Occupational Health is a department within Mount Carmel Health Providers. Mount Carmel Health Providers was formed June 16, 1993 and is a first-tier subsidiary of Mount Carmel Health System and third-tier to Trinity Health System.

Mount Carmel Occupational Health has an extensive range of services that have been provided to local employers for over twenty-three years. Over those twenty-three years, we have served patients from more than 9,800 employers in Central Ohio. Along with providing services to our community, we have been providing firefighter and police officer health and physical fitness testing services since 2003.

Mount Carmel Occupational Health's mission statement: "Mount Carmel Occupational Health is an area leader providing a full service, customized approach to occupational health. We offer immediate access to services, so employees and employers benefit from highly professional and timely service".

Mount Carmel Occupational Health, if awarded the contract, understands and accepts full responsibility for administration of all services outlined in the request for proposal #RFQ023538. The submitted proposal will be valid for a minimum of 180 days from proposed due date.

Mount Carmel has included the following information in our comprehensive proposal for your review:

- Signature Affidavit, Non-Collusion Affidavit, General Liability Insurance Statement and Worker's Compensation statement – refer to Addendum A
- Cover Letter/Executive Summary
- Project Overview
- Offeror's Qualifications
- Description of Services, Staffing and Equipment
- Pricing Proposal
- Exhibits

The parties that have participated in the writing of this proposal are listed below.

- Mark Reardon, MD, Occupational Health Physician, Occupational Health
- Megan M. Alt, MS, FNP-C, Certified Nurse Practitioner, Occupational Health
- Dan Mazzulo, MBA, Administrative Manager Employer Based Services
- Cathy Lapp, RN, COHN-S, Clinical Supervisor, Occupational Health
- Jessica King, MS, Clinical Exercise Physiologist, Occupational Health
- Linda Dummitt, Billing Manager Occupational Health
- Steve Dunn, Sales Representative, Occupational Health

Inquiries regarding this proposal may be directed to:

Steve Dunn, Sales Representative, Occupational Health  
4674 Britton Parkway, Suite 1600  
Hilliard, OH 43026  
614-226-8398  
sdunn@mchs.com

We look forward to the opportunity to continue providing you and your employees with quality occupational health services.

Sincerely,

Handwritten signature of Michael Moran in cursive, with the date 12/2/22 written below it.

Michael Moran  
President of Mount Carmel Health Providers/Mount Carmel Medical Group

## 6.2.2. Offeror's Qualifications

**6.2.2.1** Mount Carmel Health System is a mission-based not-for-profit Catholic health care system that has served central Ohio for 136 years. Mount Carmel was established in 1886 when Columbus physicians asked the Sisters of the Holy Cross to help them build the first hospital in Columbus. Together, they started the Hawkes Hospital on the site of the current Mount Carmel West. Over the past century, the vision of the physicians and sisters has grown into the second largest health care provider in central Ohio as Mount Carmel Health System continues its long tradition of caring and community service.

Our Mission: We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Serving more than 1.2 million patients each year, Mount Carmel Health System is the second-largest healthcare system serving Franklin County residents. Our team of more than 10,000 employees, 2,000 physicians and 900 volunteers are committed to the quality care of our patients and their families. We at Mount Carmel utilize state-of-the-art facilities, advanced technologies and the latest procedures to accomplish our mission. Patients and their families are our top priority, and we strive to make the most of their treatments, outcomes and experiences by continually investing in the people, facilities and technologies it takes to provide amazing healthcare every day.

Mount Carmel, a member of the Trinity Health, has three hospitals and four freestanding emergency rooms in Central Ohio. Trinity Health is one of the largest multi-institutional Catholic Health care delivery systems in the nation, is located in Livonia, Michigan. Mount Carmel is an equal opportunity employer and complies with the applicable federal and state laws. Trinity Health and Mount Carmel Health System will not discriminate according to race, creed, color, ancestry, national origin, religion, sex, veteran status, age, weight, height, marital status, sexual orientation, or disability. In some instances, there may be a bonafide occupational qualification that is considered during decision-making. Trinity Health System follows the Ethical and Religious Directives for Catholic Health Care Services.

Number of Employees – 8,806

- Percentage of Minorities – 22%
- Percentage of Females – 80%
- Number of Staff associated with implementation of this proposal – 15

Mount Carmel Occupational Health, a department within Mount Carmel Health Providers. Mount Carmel Health Providers was formed June 16, 1993 and is a first-tier subsidiary of Mount Carmel Health System and third-tier to Trinity Health System. We offer have an extensive range of services including firefighter and police officer medical

and fitness testing. We have been providing these services for over 23 years and currently have contracts with over 20 departments in central Ohio. Services include but are not limited to: annual comprehensive physical exams, fitness testing (including exercise stress tests), pre-employment exams including OP&F exams, return to work exams and onsite fitness training. In addition to our experience with first responders, we have provided occupational health services to local employers for over twenty-three years. Over those twenty-three years we have served patients from more than 9,800 employers in Central Ohio. At Mount Carmel Occupational Health, our providers have many years of experience in performing occupational examinations to determine ability of individuals to perform job tasks and meet regulatory compliance for OSHA and DOT. We strive to be proactive in reducing the risk of disease and other related health concerns through recognition and recommendations of noted conditions. Our services also include quality management of work-related injuries and illnesses and a variety of other services that can increase the safety and well-being of a company's employee.

In addition to Mount Carmel's Occupational Health clinics and on-site Workplace Health Program, we provide medical and fitness testing to the following departments:

- City of Columbus Fire Department
- City of Columbus Police Department
- Upper Arlington Fire Department
- Norwich Township Fire Department
- Jefferson Township Fire Department
- Violet Township Fire Department
- City of Worthington Fire Department
- Concord Township Fire Department
- Prairie Township Fire Department
- Grandview Heights Fire Department
- Perry Township Police Department

**6.2.2.3.**

Mount Carmel Occupational Health, if awarded the contract renewal understands and accepts full responsibility for administration of all services outlined in the request for proposal #RFQ023538. The submitted proposal will be valid for a minimum of 180 days from proposed due date.

#### **6.2.2.4.**

City of Columbus, Fire Division,  
Elisha Holmes, Fire Lieutenant  
Cadet Training Program  
3639 Parsons Ave.  
Columbus, OH 43207  
614-221-3132 ext. 75355  
[erholmes@columbus.gov](mailto:erholmes@columbus.gov)

Currently, Mount Carmel is providing pre-placement Medical and Fitness testing to the City of Columbus, Division of Fire Cadet Training Program. We have been providing this service since 2019. We perform a complete medical exam and fitness testing (exercise stress test. Disposition documents are sent to the program contact.

City of Columbus, Division of Police,  
Lt. Marc Dopp  
Columbus Police Academy  
100 Hague Ave.  
Columbus, OH 43204  
614-645-2050  
[mdopp@columbuspolice.org](mailto:mdopp@columbuspolice.org)

Currently, Mount Carmel is providing Fitness testing to the City of Columbus, Division of Police. We have been providing this service since 2004. We perform fitness testing (strength testing, flexibility testing, and endurance testing and body composition) and a Health Risk Appraisal. Testing services are provided at our Hilliard Occupational Health Clinic and on-site at the police academy. Complete reports of all tests performed are provided to the individual police officer. Mount Carmel also offers individual exercise prescriptions, dietary analysis, and body composition programs to the police officers.

Grandview Heights, Division of Fire  
Chief Greg Eisenacher  
1016 Grandview Ave.  
Grandview Heights, OH 43212  
614-481-6209  
[geisenacher@grandviewheights.org](mailto:geisenacher@grandviewheights.org)

Currently, Mount Carmel is providing Medical and Fitness testing to the Grandview Heights, Division of Fire. We have been providing this service since 2017. We perform a complete medical exam and fitness testing (exercise stress test and body composition) and additional medical tests.



### **6.2.3. Description of Services and Staffing**

#### **6.2.3.1.**

Mount Carmel Occupational Health is confident that we can continue to meet the RFP requirements providing Pre-employment Physical and Cardiovascular Screening for approximately 250 to 275 physicals for Firefighter candidates and between 320 to 340 physicals for Police Officer candidates during 2023. While providing all the services our Physicians, Nurse Practitioners, Registered Nurses, Medical Assistants and Clinical Exercise Physiologists will treat each employee with care and respect explaining clearly each step of the process/test/exam as it takes place. Although many of these services are required, we believe that we can use the time with the employee to educate them regarding health risks. Additionally, helping the employee with a strategy to improve health risks and focus on prevention. All the staff involved in the delivery of services outlined in this RFP meet or exceed all requirements listed.

Mount Carmel Occupational Health understands the primary duty of the Police and Fire Surgeon is to ensure Police Officer and Firefighter candidates are healthy and fit so they can perform their duties.

If awarded this contract our physicians will assume the role of Police and Fire Surgeon a title used in this RFP and specified by the Columbus City Code.

Mount Carmel Occupational Health will administer physical examinations of candidates that will include:

- Vision and audiogram screening
- Medical History
- Resting EKG
- Pulmonary Function Test
- Chest X-ray
- Blood Tests and complete blood count
- Lipid profile with LDL and HDL
- Drug screen
- AIDS screening
- Urinalysis
- Completion of a Respirator Medical Evaluation Questionnaire to meet OSHA standards
- Completion of OHIO Peace Officer Training Commission (OPOTC) Student Health Data and Drug forms (Police Only)
- Cardiovascular Stress Test. Currently a maximal stress test is administered to both Police and Firefighter candidates. Stress test must be administered according to the Bruce Protocol as required by Ohio Police and Fire Pension Fund.

Dr. Mark Reardon, Dr. Shilpa Bathini, Dr. Luiza Bdoyan, Dr. Harvey Pierce and Dr. Eugene Sawyer are the current Occupational Health physicians on staff. Megan Alt is the Nurse Practitioner (NP) that will also be providing services for this contract. Megan has been seeing a majority of the candidates over the last 2 ½ years. Please refer to **Exhibit 5** for the providers CV's in the bid proposal.

All Mount Carmel Occupational Health physicians hold a current license to practice medicine in the state of Ohio. All nurse practitioners hold a current license to practice in the state of Ohio, as well as entered into a collaborative agreement with our physicians.

All our Providers hold a current license to practice medicine in the state of Ohio. Refer to **Exhibit 1** for proof of licensure. All providers involved with this contract are out of training (no residents or interns).

Cora "Cathy" Lapp, RN, BSN, COHN-S is the occupational health Clinical Manager. Cathy supports the clinical staff and provides training. Cathy has over 22 years of occupational health experience. Refer to **Exhibit 2** for resume.

Additional clinical staff providing medical services are Katie Price, RN and Bethany Boran, RN. Please see **Exhibit 2** for resumes.

The primary Clinical Exercise Physiologist on staff is Jessica King. Jessica has a Bachelors and Master degree in clinical exercise physiology from Ohio University. She has been employed at Mount Carmel for over 2 years and has spent time working in Cardiac rehab and wellness and prevention programs during her career. She has over 14 years of clinical experience with a wide variety of patient populations. Mitchell Brinkley and Andres Ortega are additional clinical exercise physiologists on staff that are both Master degreed in Exercise Physiology with experience in different healthcare settings during their careers. Each Exercise Physiologist on staff is required hold a minimum of a bachelor's degree in their field and is required to be ACSM Clinical Exercise Physiologist certified by 1 year after hire date, as well as ACLS and BLS certified. Refer to **Exhibit 3** for all resumes.

Mount Carmel Occupational Health currently performs Columbus Civil Service pre-employment physicals and cardiovascular screening for Police Officer and Firefighter candidates' medical exams and stress at the Mount Carmel Hilliard location. This location is located at: 4674 Britton Parkway, Hilliard, OH 43026. All locations have the capacity to increase the volume of business by 25% without increasing our staff. This location uses next generation metabolic testing (aerobic capacity testing). Cardiac and pulmonary values are analyzed breath by breath in real time using a Hans-Rudolph designed face mask that mimics the SCBA face piece worn in fire service. Our Clinical Exercise Physiologists utilize Full Vision Inc. TMX425 Treadmill and EKG/VO2 Schiller CS-200 Ergo-Spiro for cardiorespiratory fitness testing.

#### **6.2.4. Response to Contractor Requirements/Deliverables. Section 3.0**

##### **6.2.4.1.**

3.1. Mount Carmel Occupational Health will have ability to offer upon four weeks' notice at least one evening (5 p.m. – 8 pm) and one Saturday block of appointments each month.

3.2. Mount Carmel has the capacity of processing a minimum of five candidates per day.

3.3. Mount Carmel will notify the Commission of any individuals who fail to appear for their scheduled appointment either by email or facsimile.

3.4. Mount Carmel will notify the Commission when any is referred to a specialist for a second opinion or re-test. Communication will be by email or facsimile.

##### 3.5. Requirements of Reports

3.5.2. Mount Carmel Occupational Health will provide reports as soon as possible in order to process a large group of candidates.

3.5.3. Mount Carmel Occupational will send initial reports signed by a physician to the Commission by facsimile within the seven-day deadline.

3.5.4. Complete medical results will be provided to the Commission within four weeks of completion of the final candidate's scheduled appointment. These results will be forwarded to the Ohio Police and Fire Pension Fund to comply with O.R.C. 742.38.

3.5.5. Mount Carmel Occupational will send completed copies of the OSHA Respirator Questionnaire to the Commission along with the Medical Records.

3.5.6. Mount Carmel Occupational Health will send Original OPOTC forms with the medical results.

##### 3.6. Requirements of Qualifications

3.6.2. All Mount Carmel Occupational Health physicians and nurse practitioners performing Police and Fire Surgeon responsibilities are licensed by the State of Ohio. In addition, all providers involved in pre-employment medical and/or cardiovascular screening of Police and Fire Candidates are experienced working with Occupational Health and police and fire agencies.

3.6.3. Mount Carmel Occupational Health's Exercise Physiologists are certified through the American College of Sports Medicine or in the process of becoming certified. Our Clinical Exercise Physiologists use best practices model, incorporating American College of Sports Medicine (ACSM) guidelines. Their extensive education and experience in the exercise physiology and fitness area will be demonstrated during the testing and as a resource answering question or providing the individual with fitness information.

3.7. N/A

3.8. For copies of degrees and certifications of the Police and Fire Surgeons refer to **Exhibit 5** and Exercise Physiologist refer to **Exhibit 3**. These professionals will provide services discussed in this RFP.

6.2.4.2. Mount Carmel Occupational Health currently performs Columbus Civil Service pre-employment physicals and cardiovascular screening for Police Officer and Firefighter

candidates at the Mount Carmel Hilliard location. This site has the ability to process a maximum of 5 candidates per day.

6.2.4.3. Mount Carmel Occupational Health currently performs Columbus Civil Service pre-employment physicals and cardiovascular screening for Police Officer and Firefighter candidates at the Mount Carmel Hilliard location. This location is conveniently located and are easily accessible with ample free parking. This facility is open for business Monday – Friday, 7:30 a.m. until 4:00 p.m. If awarded this contract renewal weekend and evening hours will be offered at least one evening (5 p.m. – 8 p.m.) and one Saturday or Sunday each month if requested.

Mount Carmel Hilliard  
 4674 Britton Parkway, Suite 1600  
 Hilliard, Ohio 43026

From the North, take I-270 to Exit 15 for Tuttle Crossing Blvd and turn left onto Britton Parkway. Mount Carmel Hilliard will be on the left. From the South, take I-270 to Exit 13B for Cemetery Road and follow it to Britton Parkway. Mount Carmel Hilliard will then be located on the right. See **Exhibit 4** for map.

6.2.4.4. Mount Carmel Occupational Health will provide medical results within seven calendar days provided no follow-up lab work is required.

6.2.4.5. Mount Carmel Occupational Health will administer the medical exam and stress test on the same day at the same location.

6.2.4.6. Mount Carmel Occupational Health will schedule the medical exam and cardiovascular stress test. There is not a referral process involved.

6.2.4.7. This proposal is for both the pre-employment physicals and cardiovascular stress testing.

6.2.5. Cost Proposal – 6.2.5.1 – 6.2.5.4

	3/1/23-2/29/24	3/1/24-2/28/25	3/1/25-2/28/26
Proposed Per Candidate Cost- <b>Cardiovascular Stress Test:</b>	\$230 ea.	\$230 ea.	\$230 ea.
Proposed Per Candidate Cost- <b>Medical Examination:</b>	\$399 ea.	\$399 ea.	\$399 ea.
Proposed Per Candidate Cost- <b>TOTAL</b>	\$629 ea.	\$629 ea.	\$629 ea.

Appendix G  
**Vendor Response Form**  
 Request for Proposals (**RFQ023538**)

Pre-Employment Physical and/or Cardiovascular Screening of  
 Police and Fire Candidates

Vendor Name: Mount Carmel Occupational Health

Vendor Street: 4674 Britton Parkway, Suite 1600

Vendor City: Hilliard State: O Zip Code: 43026

Vendor Contact: Steve Dunn

Vendor Phone: (614) 614-226-8398 Fax: ( )

Vendor Email: sdunn@mchs.com

After careful review and consideration of the information included in **RFQ023538** , please provide the requested information/answers identified below:

1. Competence of the proposer to perform the required service as indicated by the technical training, education and experience of the proposer's personnel. Proposals should include copies of any licenses or certifications. <b>Please provide the requested information for the core licensed/certified staff anticipated to perform the required services as outlined in the RFP (Attach additional sheets if necessary):</b>			
<b>Name</b>	<b>Education/Degree</b>	<b>Licenses Held</b>	<b>Yrs./Exp. in Field</b>
Megan Alt - see exhibit 1 & 5	APP		
Mark Reardon - exhibit 1 & 5	MD		
Eugene Sawyer - exhibit 1 & 5	MD		
Luiza Bdoyan - exhibit 1 & 5	MD		
Cora 'Cathy' Lapp - exhibit 2	RN		
Jessica King - exhibit 3	MS		
Harvey Pierce -exhibit 1 & 5	MD		
Shilpia Bathini - exhibit 1 & 5	MD		
Katie Price - exhibit 2	RN		
Bethany Boren - exhibit 2	RN		
Mitchell Brinkley - exhibit 3	MS		
Andres Ortega - exhibit 3	MS		
2. Ability of the offeror to perform the required service expeditiously as indicated by the proposer's workload and the availability of necessary personnel, and the extent to which the proposed procedures rely on City resources will also be considered.			
a. Can you process at least five (5) candidates per day?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:
b. What is maximum number of candidates you can process each day?	7		Comments/Notes:
c. Are you able and willing to provide assessments on at least one (1) weekday evening per month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes: With 4 week notice
d. Are you able and willing to provide assessments on at least one (1) Saturday per month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes: With 4 week notice
e. Can candidates be scheduled so as to complete medical and stress testing all on the same day?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:
f. Does your proposal cover the provision and administration of services as outlined in	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:

Sections 1.2.2, 1.2.3, and 1.2.4 of the RFP?			
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3. Procedural/administrative concerns including turn-around time for scheduling and reporting results. The City will also consider the location and the ability to handle a large volume of candidates and to schedule candidates as they pass their medical exams			
a. At what facility/location will assessments be conducted?	<b>Primary</b> Location #1 Address and Hours of Operation:	Mount Carmel Hilliard 4674 Britton Parkway, Suite 1600 Hilliard, OH 46026 Monday-Friday, 7:30 a.m. – 4:00 p.m.	
	<b>Optional</b> Location #2 Address and Hours of Operation:		
	<b>Optional</b> Location #3 Address and Hours of Operation:		
	<b>Optional</b> Location #4 Address and Hours of Operation:		
b. Can you confirm (5) candidate assessments per day will be made available if given two-week notice?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:
c. Can you confirm you will notify the Commission of any individuals who fail to appear for a scheduled appointment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:
d. Can you confirm you will notify the Commission when a candidate is referred to a specialist for a second opinion or re-test?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:
e. Can you confirm you will meet the reporting requirements and associated deadlines as outlined in Section 3.5 of the RFP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:
f. Will a physician licensed to practice by the State of Ohio conduct/sign-off on final medical results?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:
g. Will the physician conducting/signing-off on final medical results have experience in occupational health and in working with other police or fire agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:
h. Will an Exercise Physiologist certified through the American College of Sports Medicine or a physician licensed to practice by the State of Ohio be conducting/signing-off on all cardiovascular stress testing results?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes:

i. Has your organization provided, specifically, police and/or fire medical assessments for the City of Columbus or other jurisdiction in the past?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments/Notes: Since 2003
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	3/1/23-2/29/24	3/1/24-2/28/25	3/1/25-2/28/26
Proposed Per Candidate Cost- <b>Cardiovascular Stress Test:</b>	\$230 ea.	\$230 ea.	\$230 ea.
Proposed Per Candidate Cost- <b>Medical Examination:</b>	\$399 ea.	\$399 ea.	\$399 ea.
Proposed Per Candidate Cost- <b>TOTAL</b>	\$629 ea.	\$629 ea.	\$629 ea.

**Affirmed and Submitted By:**

Printed Name/Title: Daniel F. Mazzulo – Operations Manager of Occupational Health

Signature: 

Date: 12/9/2022



NON-COLLUSION AFFIDAVIT

The undersigned bidder or agent, being duly sworn on oath, says that he/she has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He/She further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee gift, commission or thing of value on account of such sale.

OATH AND AFFIRMATION

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING BID FOR PUBLIC WORKS ARE TRUE AND CORRECT.

Dated this 8th day of December, 2022

Mount Carmel Medical Group

(Name of Organization)

President

(Title of Person Signing)

Michael J Moran

Digitally signed by Michael J Moran  
Date: 2022.12.08 09:13:31 -05'00'

(Signature)

ACKNOWLEDGEMENT

STATE OF Ohio )

COUNTY OF Franklin ) ss

Before me, a Notary Public, personally appeared the above named and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to me this 8th day of December, 2022

Tammy Erwin  
Notary Public Signature

My Commission Expires: 7.12.2027



TAMMY ERWIN  
Notary Public  
State of Ohio  
My Comm. Expires  
July 12, 2027



**CERTIFICATE OF EMPLOYER'S  
RIGHT TO PAY COMPENSATION DIRECTLY**

To be posted in employer's place or places of employment in compliance with Section 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies (without any alterations or changes) as required.

Policy Number and Employer Name 20003207  TRINITY HEALTH CORPORATION 20555 VICTOR PKWY LIVONIA MI 48152-7031	Period Specified Below  April 1, 2022 to April 1, 2023
--	--

Sub(s):

- 20003207-008 DILEY RIDGE MEDICAL CENTER
- 20003207-009 MOUNT CARMEL HOME CARE LLC
- 20003207-006 MOUNT CARMEL HEALTH PROVIDERS,INC.
- 20003207-002 MOUNT CARMEL HEALTH SYSTEM

This certifies that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Sincerely,

Stephanie McCloud  
Administrator/CEO

**Bureau of Workers'  
Compensation**30 W. Spring St.  
Columbus OH 43215-2256Governor **Mike DeWine**  
Administrator/CEO **Stephanie McCloud**www.bwc.ohio.gov  
1-800-644-6292

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**FINDING OF FACTS**

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In matter of the renewal application of	<u>TRINITY HEALTH CORPORATION</u>
20003207	<u>20555 VICTOR PKWY</u>
(hereinafter referred to as employer)	<u>LIVONIA MI 48152-7031</u>
of	

The above employer, having filed its desire to continue the privilege of self-insurance pursuant to the Ohio Workers' Compensation Law and Section 35. Article II Constitution of Ohio, and such renewal application and its contents having been carefully examined by the Ohio Bureau of Workers' Compensation, the administrator hereby grants the privilege of self-insurance to above the employer from:

April 1, 2022                    to            April 1, 2023

or until further action of the Ohio Bureau of Workers' Compensation

---

Sincerely,

*Stephanie McCloud*

Stephanie McCloud



**Bureau of Workers'  
Compensation**

30 W. Spring St.  
Columbus OH 43215-2256

Governor **Mike DeWine**  
Administrator/CEO **Stephanie McCloud**

www.bwc.ohio.gov  
1-800-644-6292

02/08/2022  
Date Mailed

#BWNFVSQ  
#XX10057987#

TRINITY HEALTH CORPORATION  
20555 VICTOR PKWY  
LIVONIA MI 48152-7031

RE: Policy number: 20003207

Dear Self-Insuring Employer,

Attached is the *Certificate of Coverage and Finding of Facts* authorizing your company to continue operations under sections of Ohio law covering self-insured risks.

Please provide a copy of the *Certificate of Coverage* to each of your Ohio locations, and post it for all employees to view.

Thank you for your cooperation.

Sincerely,

David E. Boyd  
Director, Self-Insured Department



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
06/14/2022

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**


<b>PRODUCER</b> SRS (Cayman) Limited 878 West Bay Road PO Box 1159 Grand Cayman, KY1-1102 CAYMAN ISLANDS CN102513532--GL-22-23                      MCHS    OH		<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No):	
<b>INSURED</b> Trinity Health Corporation Mount Carmel Health System 6001 East Broad Street Columbus, OH 43213		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A : Trinity Assurance, Ltd. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES**                      **CERTIFICATE NUMBER:** CLE-006170651-09                      **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			V-22/23-INTPR-1001	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The certificate holder is listed as an additional insured with respects to the contract.  
 Bodily Injury Liability: Each Person \$1,000,000; Each Accident \$1,000,000  
 Property Damage Liability: Each Accident \$1,000,000; All Accidents \$1,000,000  
 Effective Date of Coverage: 1/20/12

<b>CERTIFICATE HOLDER</b> City of Columbus Department of Human Resources 90 W. Broad St., Room 311 Columbus, OH 43215	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
09/29/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> MARSH USA LLC. 325 John H. McConnell Boulevard, Suite 350 Columbus, OH 43215	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Safety National Casualty Corporation		15105
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** CLE-00712022-01                      **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N    N/A	SP4067776 (CT MA OR; \$500K Ret.)	01/01/2023	01/01/2024 <input checked="" type="checkbox"/>	X PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>WORKERS COMPENSATION</b> (CONTINUED ON PAGE 2)		SP4067776 (AL CA CT DE ID IN IA MA MD MI NY NC OH OR PA-\$750K	01/01/2023	01/01/2024	SEE ABOVE SEE ABOVE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Pre-employment physicals and cardiovascular stress testing services.

**CERTIFICATE HOLDER**                      **CANCELLATION**

City of Columbus Civil Service Commission 77 N. Front Street, Suite 301 Columbus, OH 43215	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Marsh USA LLC</i>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA LLC.		NAMED INSURED Trinity Health Corporation Mount Carmel Health System 3100 Easton Square Place, Suite 330 Columbus, OH 43219	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

WORKERS COMPENSATION (CONT.)  
 COVERAGE: WORKERS COMPENSATION (AK, AR, AZ, CO, GA, IA, KS, KY, LA, ME, MN, MO, MS, MT, NE, NH, NJ, NM, NV, OK, RI, SC, SD, TN, TX, UT, VA, WV)  
 INSURER: SAFETY NATIONAL CASUALTY CORPORATION  
 POLICY NUMBER: LDS4059706  
 POLICY DATES: 01/01/2023 - 01/01/2024  
 LIMITS: SEE FIRST PAGE  
 DEDUCTIBLE: \$750,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/29/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**


<b>PRODUCER</b> SRS (Cayman) Limited 878 West Bay Road PO Box 1159 Grand Cayman, KY1-1102 CAYMAN ISLANDS CN102513532--GL-23-24                      MCHS    OH		<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): E-MAIL ADDRESS: FAX (A/C. No):															
<b>INSURED</b> Trinity Health Corporation Mount Carmel Health System 3100 Easton Square Place, Suite 330 Columbus, OH 43219		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Trinity Assurance, Ltd.</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Trinity Assurance, Ltd.		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :																	

**COVERAGES                                      CERTIFICATE NUMBER:** CLE-007121998-01                                      **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			V-23/24-INTPR-1001	07/01/2023	07/01/2024 ✓	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Re: Pre-employment physicals and cardiovascular stress testing services.  
 City of Columbus is/are included as additional insured where required by written contract. ✓

<b>CERTIFICATE HOLDER</b> City of Columbus Civil Service Commission 77 N. Front Street, Suite 301 Columbus, OH 43215	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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