# Occupational Health Department FY 2020-2021

# Internal Service Fund Riverside County, California Cost Allocation Plan

The following Cost Plan by the Occupational Health Department of Riverside County, California outlines what comprises the reimbursement fees charged to the various county departments for providing fitness for duty (FFD), post-offer physicals, drug screens, and annual physicals. These services are comprised of various procedures, including blood testing, vaccinations, or physical examinations. The Occupational Health department does not provide treatment or ongoing physical therapy. These services are provided through third party vendors and coordinated through the County's self-insured Workers' Compensation department.

# Internal Service Rates to be charged for providing Occupational Health Services

The intention of this cost plan is to allocate the full cost of operating an occupational health services department within the County of Riverside, California, to comply with local, state, and federal regulations that surround the reimbursement of the cost of these services.

#### 2 CFR Appendix A to Part 225 - General Principles for Determining Allowable Costs.

§ 225.5 Purpose. This part establishes principles and standards for determining costs for Federal awards carried out through grants, cost reimbursement contracts, and other agreements with State and local governments and federally-recognized Indian tribal governments (governmental units).

For state and local governments, see "Appendix V to Part 225—State/Local Governmentwide Central Service Cost Allocation Plans, paragraph E.1."

#### **Allocated Central Services**

Occupational Health is made up of approximately 27 employees who provide polygraph exams, psychological evaluations, physicals, blood draws, urine collection, drug testing, medical review, vision testing, hearing testing, tuberculosis (TB) testing, in addition to a wide variety of vaccinations and other services listed on the rate schedule attached to this cost plan. They are located at the RCIC building in Riverside in a space that is leased by the Information Technology Department, (RCIT), and the CPC building in Moreno Valley in a space that is leased by the County Regional University Health System, (RUHS). Occupational Health is billed their allocated share of each of the buildings by the Facilities Department and the hospital via journal entry.

#### **Use of External Vendors**

Certain components of the Occupational Health processes are performed by third party vendors. Costs of outside agencies that provide medical review services or drug screening are passed through to the customer agencies at actual costs. Rates are made up of only those costs related to the operation of the internal occupational health program. External vendors are paid as part of operating expenses. The costs are then distributed to the customer departments via an allocation journal entry, allowing a single point of contact for the vendors, irrespective of the employees whom are ultimately receiving the services or the department they represent.

#### Reasonable costs

The Occupational Health Program was developed as part of a strategic plan with the Workers' Compensation Division to reduce the costs associated with health —related absences by ensuring candidates are matched with appropriate jobs, and that their subsequent job-related exposures and health conditions are managed by a central Human Resources-based organization. Ordinance 440 places responsibility with the Human Resources Department for the conduct of Post-offer examinations, but the actual medical examinations must be performed by a licensed occupational health physician.

#### Functions of the Occupational Health Program

- 1. Post-offer exams and Annual physicals:
  - Newly hired employee physical exams are different as they are used to identify any relevant restrictions that should be addressed at the onset of employment. Annual physicals are performed to meet mandated health standards. For both Post-offer and annual exams, there are three classifications of exams based on the volume and complexity of procedures to be provided. Class I, Class II, and Class III are how they are referenced, whereas Class I represents the most extensive and Class III are the least extensive exams. See **Schedule A** for a description of individual procedures that may occur for each of the physicals. A time study that accumulated data for various procedures was conducted in May of 2016 and the rates that are included in **Schedule B** are the result.
- 2. Conduct vaccination/medical surveillance
  - On pre-scheduled dates throughout the County of Riverside, employees of the County are offered flu vaccinations to reduce the incidence of illness during cold and flu season. The vaccines are provided by Riverside University Health System, (RUHS) at no charge. The cost of sending Occupational Health employees to administer the vaccines is not billed out, but rather is included in allocable indirect cost.
- Psychological Evaluation / Polygraph Examination
   Law enforcement make use of polygraph exams as part of their background investigations.
   In addition, psychological evaluations are also performed as part of pre-employment procedures for law enforcement and for ongoing psychological fitness testing.

#### Rate Revenue: Allocable costs

The items of expense to be included in the cost of service are as follows: direct and indirect salaries and benefits, operating expenses, and allocation of costs from other internal service organizations. These costs are accumulated and distributed to the County departments by developing a standard rate per physical exam based on the frequency and cost of services provided in the base year. Due to the resulting benefit derived by having an occupational health organization, the Workers' Compensation Division will provide an appropriate annual contribution to reduce rate costs to user departments. Rates were derived by referencing actuals data from FY 2018/19 per county policy. There are three standard rates to be used for billing departments for physical exams depending on the timing and job classification for which the services are being provided:

	Description*	Post-Offer	Annual
1.	Class I Physical	\$ 440	\$ 370
2.	Class II Physical	370	290
3.	Class III Physical	290	120

Single procedure rates are used when departments direct an employee to come to Occupational Health for only a specific procedure rather than a complete physical exam. For these encounters, there is a table of Single Procedure rates that is referenced for billing purposes. \*\*

Estimated Revenues from standard rates and Single Procedures combined: \$2,285,562
Estimated Revenues from Psych Evaluation, Polygraphs, and FFDs: 406,652
Contribution from Workers' Compensation Division in FY 2020/21 1,938,339

Due to the consistent volume of activity for their department, the Sheriff's Office funds several positions directly to ensure immediate service for their needs.

For FY 2020/21, the funding estimate for these positions is projected to be \$464,814 Actual costs will be charged to the Sheriff's Office.

# **Composition of Cost**

- 1. Total cost. Total Costs include a portion of Salaries and Benefits of every element included in a "medical service encounter." The encounter has been separated into various functions from check-in to final file review. A time study recorded all encounters over a four-week period, resulting in a sufficient number of samples to support the time each element of an encounter requires, on average, and the extended cost of employees to perform the elements of each encounter.
- 2. Classification of costs. Direct Costs are viewed as those costs related specifically to each encounter or each specific service provided.

<sup>\*</sup>Procedures included in each physical are listed in **Schedule A.** The mix of procedures performed for a particular physical vary depending on the responsibilities and potential exposures of the job.

<sup>\*\*</sup>A complete rate schedule for all <u>Single Procedures</u> is provided in **Schedule B**.

#### **A. Direct Costs**

Direct costs are comprised of activities that make up the elements of an encounter.

Direct Nursing/Physician Services cost	\$	2,635,428
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Encounter activities: Check-in, registration, creation of a file, taking vital statistics, blood draw, labs, Fit test, vaccination, EKG, tuberculosis testing, audio test, vision test, physical examination, file review, urine collection, X-Ray order form, medical review officer, psych evaluations, polygraph exams, etc.

#### **B. Indirect Costs**

Indirect Costs are those costs related to the general and administrative operations that support the occupational health process. General management, accounting, purchasing, and records maintenance are all functions considered indirect cost of the Occupational Health Program.

Indirect Services cost	\$	1,107,955
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# **C. Operating Costs**

Much of the operating costs represents expenses that are ordered from outside vendors on behalf of departments such as: drug screen testing, polygraph examinations, and fitness for duty evaluations. The expenses incurred for these services are journaled to the user departments at no extra charge. The reimbursement of these expenses is excluded from the calculation of standard rates for physical exams. The operating cost estimate for FY 2020/21 and anticipated reimbursement are:

Operating Expenses	\$ 1,042,922
Reimbursement of Pass-Through Expenses	\$ (342,500)

# **D. Interagency Services**

There are several internal service funds in the County of Riverside which allocate costs to every organization within the County. These are: Facilities, Auditor-Controller's Office, Human Resources, Workers' Compensation, General Liability, Property Insurance, Information Technology, and others.

RCIT	\$ 244,368
Rent-Lease Buildings	334,645
Workers' Compensation*	44,556
Human Resources – HR Rate plus temporary services charges	34,023
Insurance-Malpractice, Liability, Property	24,668
County Counsel	6,000
County Support Service	4,706
Unemployment Insurance*	5,137
Auditing And Accounting	3,152
Total Interagency Charges	\$ 701,255

<sup>\*</sup>Workers' compensation and unemployment insurance costs are included in the list of interagency service costs, but their costs are also included in A. Direct Costs labor; therefore, *total* budgeted expenses are \$5,387,560.

# **Post-offer Physicals**

#### **SCHEDULE A**

# **Post-offer Class I Physical:**

- Physical Exam by Physician/PA
- Vital Signs
- Urine Drug Screen
- Urine Test Strip
- Urinalysis
- Blood Draw
  - Quantiferon
  - o Comprehensive Metabolic Panel
  - Complete Blood Count
  - Lipid Panel
  - Hepatitis B Panel
  - o MMRV Titer
  - Mercury
  - Lead
  - o Zinc
  - Sickle Cell Screen
- Tuberculin Skin Test
- TB Screening Form
- EKG, resting 12 lead
- EKG, Treadmill
- Vision Test
- Audiometry Test
- Pulmonary Function Testing
- Chest X-Ray
- Fecal Immunochemistry
- Long Respirator Form
- Tdap Vaccine
- Hepatitis B Vaccine

# **Post-offer Physicals**

## **SCHEDULE A**

# **Post-offer Class II Physical:**

- Physical Exam by Physician/PA
- Vital Signs
- Urine Drug Screen
- Blood Draw
  - Quantiferon
  - Comprehensive Metabolic Panel
  - Complete Blood Count
  - Hepatitis B Panel
  - o MMRV Titer
  - Rabies Titer
- Tuberculin Skin Test
- TB Screening Form
- Chest X-Ray
- Vision Test
- Fit Test
- OSHA Respirator Evaluation Questionnaire
- Hazardous Drug Handler Questionnaire
- Tdap Vaccine
- Hepatitis B Vaccine
- Rabies Vaccine

# **Post-offer Physicals**

## **Post-offer Class III Physical:**

- Medical History Questionnaire Nurse Review
- Vital Signs
- Blood Draw
  - o Quantiferon
  - Hepatitis B Titer
  - o MMRV Titer
- Tuberculin Skin Test
- TB Screening Form
- Chest X-Ray
- Post Offer Work Restriction Declaration Form
- Hepatitis B Vaccine
- MMR Vaccine
- Varicella Vaccine

# **Annual Physicals**

## **SCHEDULE A**

# **Class I Annual Physical:**

- Physical Exam by Physician/PA
- Vital Signs
- Urine Test Strip
- Urinalysis
- Blood Draw
  - Quantiferon
  - Comprehensive Metabolic Panel
  - Complete Blood Count
  - Lipid Panel
  - Hepatitis B Panel
  - o MMRV Titer
  - Mercury
  - o Lead
  - o Zinc
- EKG, resting 12 lead
- EKG, Treadmill
- Vision Test
- Audiometry Test
- Pulmonary Function Testing
- Chest X-Ray
- Fecal Immunochemistry
- Long Respirator Form
- Tdap Vaccine
- Hepatitis B Vaccine

# **Annual Physicals**

#### **SCHEDULE A**

#### **Class II Annual Physical:**

- Physical Exam by Physician/PA
- Vital Signs
- Urine Test Strip
- Urinalysis
- Blood Draw
  - Quantiferon
  - Comprehensive Metabolic Panel
  - Complete Blood Count
  - Lipid Panel
  - Hepatitis B Panel
  - o MMRV Titer
  - Mercury
  - Lead
  - Zinc
- EKG, resting 12 lead
- Pulmonary Function Testing
- Chest X-Ray
- Fecal Immunochemistry
- Long Respirator Form
- Tdap Vaccine
- Hepatitis B Vaccine

# **Class III Annual Physical:**

- Annual Health Screening Questionnaire
- OSHA Respirator Evaluation Questionnaire
- Hazardous Drug Handler Questionnaire
- Blood Draw
  - o Quantiferon
  - Complete Blood Count
  - o Comprehensive Metabolic Panel
  - o MMRV Titer
  - o Hepatitis B Titer
- Tuberculin Skin Test
- TB Screening Form
- Chest X-Ray
- Fit test
- Annual Airborne/Bloodborne Pathogen Training
- Hepatitis B Vaccine
- MMR Vaccine
- Varicella Vaccine
- Rabies Vaccine

# **SCHEDULE B**

Description of Service	Cost Allocation	CPT Codes	Service Code		020-21 RATE		019-20 RATE		ATE ange	RATE Change (%)
Post-offer Physicals										
CLASS I Physical	POST-OFFER			\$	440	\$	440	\$	-	0.0%
CLASS II Physical	POST-OFFER			\$	370	\$	370	\$	-	0.0%
CLASS III Physical	POST-OFFER			\$	290	\$	290	\$	-	0.0%
Annual Physicals										
CLASS I Physical	ANNUAL			\$	370	\$	370	\$	-	0.0%
CLASS II Physical	ANNUAL			\$	290	\$	290	\$	_	0.0%
CLASS III Physical	ANNUAL			\$	120	\$	120	\$	-	0.0%
Dia adhawa Dathawa		looo managa	mont hourly	ootim	atad nat	aroo	tor than			
Bloodborne Pathogen Bloodborne Pathogen	Case Mgt	ase manage Hourly	ment nouny	estim \$	ated not	grea	ter than 600	\$	_ [	0.0%
Bloodborne Patnogen	Case Mgt	Hourly		Ф	600	Ф	600	Ф	-	0.0%
Polygraph Examinations										
Polygraph	Single Procedure			\$	200	\$	245	\$	(45)	-18.4%
Polygraph-Criminal	Single Procedure			\$	475	\$	475	\$	-	0.0%
Polygraph Hourly	Hourly			\$	81.60	\$	81.60	\$	_	0.0%
Psychological Testing Psychological Evaluation	Internal			\$	400	\$	400	\$	-	0.0%
Psychological Evaluation	External			\$	700		n/a	\$	-	0.0%
Psychological Consultation Psych Evaluation - Consulting	C Case Mgt	ase manage Hourly	ment hourly	estim \$	ated not 3,130	grea	ter than 3,130	\$	-	0.0%
Fitness For Duty	C	ase manage	ment hourly	estim	ated not	grea	ter than			
Fitness for Duty	Case Mgt	Hourly	,	\$	6,200	\$	6,200	\$	-	0.0%
Single Procedures Rates										
ALT	Single Procedure	84460	823	\$	3.21	\$	3.21	\$	-	0.0%
Amylase	Single Procedure		243	\$	3.88	\$	3.88	\$	-	0.0%
Audiometry	Single Procedure	92522		\$	15.22	\$	15.22	\$	-	0.0%
CBC (DIFF/PLT)	Single Procedure	85025	6399	\$	4.75	\$	4.75	\$	-	0.0%
CBC(H/H,RBC,WBC,PLT)	Single Procedure	85027	1759	\$	4.70	\$	4.70	\$	-	0.0%
CHEM TEST 08	Single Procedure	84520X1	34708	\$	4.40	\$	4.40	\$	-	0.0%
CHEM TEST 08	Single Procedure	80076X1	34708	\$	4.40	\$	4.40	\$	-	0.0%
CHEM TEST 09	Single Procedure	84520X1	34709	\$	4.58	\$	4.58	\$	-	0.0%
CHEM TEST 09	Single Procedure	82565X1	34709	\$	4.58	\$	4.58	\$	-	0.0%
CHEM TEST 09	Single Procedure	80076X1	34709	\$	4.58	\$	4.58	\$	-	0.0%

# **SCHEDULE B**

Description of Service	Cost Allocation	CPT Codes	Service Code		2020-21 RATE				2019-20 RATE		ATE ange	RATE Change (%)
Chest 1 View	Single Procedure	71010		\$	\$ 16.00		16.00	\$	-	0.0%		
Chest 2 View	Single Procedure	71020		\$	25.00	\$	25.00	\$	_	0.0%		
Chest X-Ray W/ Oblique	Single Procedure	71022		\$	25.00	\$	25.00	\$		0.0%		
CHOLESTEROL, TOTAL	Single Procedure	82465	334	\$	3.30	\$	3.30	\$	_	0.0%		
COMP METAB PNL	Single Procedure	80053	10231	\$	5.50	\$	5.50	\$	_	0.0%		
COPPER	Single Procedure	82525	363	\$	11.99	\$	11.99	\$	_	0.0%		
Dilantin	Single Procedure		713	\$	9.68	\$	9.68	\$	_	0.0%		
DIRECT LDL	Single Procedure	83721	8293	\$	5.82	\$	5.82	\$	_	0.0%		
EKG Resting 12-Lead	Single Procedure	93005	-	\$	25.00	\$	25.00	\$		0.0%		
EKG Treadmill	Single Procedure	93017	-	\$	125.00	\$	125.00	\$	_	0.0%		
FECAL IMMUNOCHEM	Single Procedure	82274	11290	\$	9.21	\$	9.21	\$		0.0%		
Glucose	Single Procedure		483	\$	3.21	\$	3.21	\$	_	0.0%		
GLUCOSE, SERUM	Single Procedure	82947	483	\$	3.21	\$	3.21	\$		0.0%		
HANDLING FEE, SENDOUT	Single Procedure	99001	72109	\$	40.00	\$	40.00	\$	_	0.0%		
HCV RNA BY PCR,QT	Single Procedure	87522	35645	\$	55.98	\$	55.98	\$		0.0%		
HCV RNA BY PCR,QT	Single Procedure	87522	35645	\$	55.98	\$	55.98	\$	_	0.0%		
HCV RNA,QL TMA	Single Procedure	87521	37273	\$	47.11	\$	47.11	\$		0.0%		
HDL-CHOLESTEROL	Single Procedure	83718	608	\$	2.20	\$	2.20	\$	_	0.0%		
HEMOGLOBIN A1C	Single Procedure	83036	496	\$	4.80	\$	4.80	\$		0.0%		
HEMOGLOBIN A1C W/MPG	Single Procedure	83036	8181	\$	4.80	\$	4.80	\$	-	0.0%		
HEP A AB, TOTAL	Single Procedure	86708	508	\$	4.19	\$	4.19	\$		0.0%		
HEP A IGM AB	Single Procedure	86709	512	\$	7.76	\$	7.76	\$	-	0.0%		
HEP B CORE AB, TOTAL	Single Procedure	86704	501	\$	7.76	\$	7.76	\$		0.0%		
HEP B CORE IGM AB	Single Procedure	86705	4848	\$	7.76	\$	7.76	\$	_	0.0%		
HEP B SURF AB QL	Single Procedure	86706	499	\$	4.03	\$	4.03	\$	_	0.0%		
HEP B SURF AG W/CONF	Single Procedure	87340	498	\$	6.25	\$	6.25	\$	-	0.0%		
HEP B SURFACE AB QN	Single Procedure	86317	8475	\$	5.00	\$	5.00	\$	_	0.0%		
HEP C AB W/REFL HCV	Single Procedure	86803	8472	\$	6.00	\$	6.00	\$	_	0.0%		
HEPATIC FUNC PNL	Single Procedure	80076	10256	\$	4.22	\$	4.22	\$	_	0.0%		
HIV 1/2 AB DIFF	Single Procedure	86702X1	91432	\$	170.56	\$	170.56	\$	_	0.0%		
HIV 1/2 AB DIFF	Single Procedure	86701X1	91432	\$	170.56	\$	170.56	\$	_	0.0%		
HIV1/2 AG/AB,4 W/RFL	Single Procedure	87389	91431	\$	16.44	\$	16.44	\$	_	0.0%		
IMCAP, POPPY SEED (F22	Single Procedure	86003	3050	\$	21.75	\$	21.75	\$	-	0.0%		
LEAD W/OSHA (B)	Single Procedure	83655	3058	\$	5.69	\$	5.69	\$	_	0.0%		
MEASLES AB IGG,EIA	Single Procedure	86765	964	\$	3.38	\$	3.38	\$	_	0.0%		
MERCURY (B)	Single Procedure	83825	636	\$	14.12	\$	14.12	\$	_	0.0%		
MUMPS VIRUS IGG, EIA	Single Procedure	86735	8624	\$	8.73	\$	8.73	\$	-	0.0%		
OCC HEALTH RECORD HNDLG	Single Procedure	Average	3021	\$	5.15	\$	5.15	\$	_	0.0%		
OCC HEALTH VISIT SETUP	Single Procedure	Average		\$	5.40	\$	5.40	\$	_	0.0%		
OFFICE VISIT	Single Procedure	Rate Calc		\$	90.00	\$	90.00	\$	_	0.0%		
Powered Air Purifying Resp(PAPR)	Single Procedure	_	_	\$	30.00	\$	30.00	\$	-	0.0%		

# **SCHEDULE B**

Description of Service	Cost Allocation	CPT Codes	Service Code	1 -	2020-21 RATE	2019-20 RATE	-	ATE ange	RATE Change (%)
PROTOPORPHYRIN, ZINC	Single Procedure	84202	948	\$	6.00	\$ 6.00	\$	-	0.0%
Pulmonary Functino Test (PFT)	Single Procedure	94010		\$	15.00	\$ 15.00	\$	-	0.0%
QUANTIFERON, Internal	Single Procedure	86480	-	\$	40.00	\$ 40.00	\$	-	0.0%
QUANTIFERON by Quest	Single Procedure	86480	19453	\$	267.47	\$ 267.47	\$	-	0.0%
RABIES TITER RFFIT	Single Procedure	86382	5789	\$	65.00	\$ 65.00	\$	-	0.0%
RABIES VACCINE RESP	Single Procedure	86382	5789	\$	65.00	\$ 65.00	\$	-	0.0%
RESPIRATOR FIT TEST	Single Procedure			\$	8.65	\$ 8.65	\$	-	0.0%
RUBELLA IMMUNE	Single Procedure	86762	802	\$	3.25	\$ 3.25	\$	-	0.0%
SICKLE CELL (REFL)	Single Procedure	85660	4243	\$	26.30	\$ 26.30	\$	-	0.0%
SICKLE CELL SCREEN	Single Procedure	85660	825	\$	5.05	\$ 5.05	\$	-	0.0%
SICKLE CELL W/REFL	Single Procedure	825	37679	\$	5.05	\$ 5.05	\$	-	0.0%
T-3, TOTAL	Single Procedure	84480	859	\$	8.73	\$ 8.73	\$	-	0.0%
T-4(THYROXINE), TOTAL	Single Procedure		867	\$	3.50	\$ 3.50	\$	-	0.0%
T-4, FREE	Single Procedure	84439	866	\$	7.67	\$ 7.67	\$	-	0.0%
TB Skin Test	Single Procedure	86580		\$	15.00	\$ 15.00	\$	-	0.0%
TRANSPORT FEE 25	Single Procedure	99001	9025	\$	6.30	\$ 6.30	\$	-	0.0%
TRIGLYCERIDES	Single Procedure	84478	896	\$	3.30	\$ 3.30	\$	-	0.0%
TSH	Single Procedure	84443	899	\$	8.00	\$ 8.00	\$	-	0.0%
Urine Drug Test, Internal	Single Procedure			\$	25.71	\$ 25.71	\$	-	0.0%
Positive Drug Test confirmation	Single Procedure			\$	25.00	\$ 25.00	\$	-	0.0%
UA, COMPLETE	Single Procedure	81001	5463	\$	3.85	\$ 3.85	\$	-	0.0%
UA,COMP W/RFL CULT	Single Procedure	81001	3020	\$	3.85	\$ 3.85	\$	-	0.0%
URINALYSIS, REFLEX	Single Procedure	81003	7909	\$	1.77	\$ 1.77	\$	-	0.0%
Venipuncture by Quest	Single Procedure	36415	3259	\$	2.85	\$ 2.85	\$	-	0.0%
Venipuncture, Internal	Single Procedure	36415	3259	\$	11.20	\$ 11.20	\$	-	0.0%
VZV IGG AB	Single Procedure	86787	4439	\$	4.00	\$ 4.00	\$	-	0.0%