Index No.: DMH036
Contract No.: CSP901114
Eff. Date: 0701/14

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

AMENDMENT FOR CHANGE
AMENDMENT NO. 1

TO: LIMITED DISTRIBUTION - OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (ODMHAS)

FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES

SUBJECT: CONTRACT FOR STATEWIDE UTILIZATION MANAGEMENT/UTILIZATION REVIEW PROGRAM FOR SPECIFIED BEHAVIORAL HEALTH CARE SERVICES FOR MEDICAID RECIPIENTS

Attached are pages 2 and 3 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

This amendment is issued to advise an annual contract cost reduction for FY15.

All other prices, terms and conditions remain unchanged.

Questions regarding this Amendment and/or the Requirements Contract may be directed to:

Carol Clingman
carol.clingman@das.ohio.gov

This Amendment, the main Requirements Contract and any additional amendments thereto are available from the DAS Web site at the following address:

http://www.ohio.gov/procure

Affected Contractor(s):

0000144812
Permedion
350 Worthington Road, Suite H
Westerville, OH 43082
DGramlich@hms.com
TSchultz@hms.com

COST SUMMARY

RFP for STATEWIDE UTILIZATION MANAGEMENT/UTLIZATION REVIEW PROGRAM FOR SPECIFIED BEHAVIORAL HEALTHCARE SERVICES FOR MEDICAID RECIPIENTS

RFP NO.: CSP901114

UNSPSC CODE: 85101700

OAKS ITEM NO. 000000000000024840

DESCRIPTION	COST
Work and deliverables for Ohio's Statewide Utilization Management/Utilization Review Program for Specified Behavioral Health Care Services for Medicaid Recipients as outlined in the RFP and Scope of Work, Attachment One, Part One.	
a) Utilization Review for Psychiatric Inpatient program b) Utilization Control for CPST services program c) *Post payment review of 6,000 claims per year for community behavioral health Medicaid services.	$ 2,021,499 Annual Cost *
Since the Contractor is certified as "QIO" or "QIO-like" the yearly cost shall be multiplied by .25 to obtain the final cost to the State. The total cost to the State after federal reimbursement will be $2,167,651.00 x .25 = $541,912.75. Costs for optional work will be subject to the same federal reimbursement methodology.	
Optional Categories of Work	
Focused reviews for the CPST program	Additional claim reviews above 525 per year $ 118 each
Expansion of utilization control for additional community behavioral health services. Costs associated with implementation of prior authorization for additional community behavioral services.	60 Provider Audits $ 750,000 5000 Additional Prior Authorizations $ 240,000
Additional Post payment review of community behavioral health Medicaid services – scaled for review of multiples of an additional 500 claims per month/6000 claims per year or proposed alternative scale. Annual cost for each multiple in addition to what is mandatory for this RFP or indicate incremental increase for each multiple where x = annual claims to be reviewed each year.	3,000 Add. Claims per Year $ 357,546 Claims per Year 6,000 Add. Claims per year $ 715,092 Claims per year
Consultation, data analyses and monitoring in support of health home implementation.	Consultants: Physician Specialist $ 154 per Hour Nurse Specialist $ 52 per Hour LISW $ 45 per Hour Case Manager $ 57 per Hour Health Data Analyst $ 66 per Hour

Given the upcoming client shift to Medicaid managed care, the State holds the right to renegotiate the yearly contract cost if the Scope of Work deviates +/- 10% from the previous year.

* To advise an annual contract cost reduction for FY15.

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
1	07/01/14	To advise an annual contract cost reduction for FY15.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

OAKS Vendor ID No.: 0000144812

Permedion
350 Worthington Road, Suite H
Westerville, OH 43082

CONTRACTOR'S CONTACT:

Dennis Gramlich

CONTRACT NO.: CSP901114-1 (06/30/15)

TERMS:

Net 30 Days

Telephone: 614-895-9900
FAX: 614-895-6784
Email: DGramlich@hms.com