

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 (DMH)
FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES
SUBJECT: COMPETITIVE SEALED PROPOSAL - UTILIZATION MANAGEMENT FOR SPECIFIED COMMUNITY
MENTAL HEALTH MEDICAID SERVICES

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 of a contract price reduction in exchange for use of office facilities at the agency.

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.state.oh.us

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):

82200
Health Care Excel, Inc.
2629 Waterfront Parkway East Drive
Suite 150
Indianapolis, IN 46214
mkapur@hce.org

COST SUMMARY

RFP: UTILIZATION MANAGEMENT FOR SPECIFIED COMMUNITY MENTAL HEALTH MEDICAID SERVICES

CSP902212

UNSPSC CATEGORY CODE: 85101700

OAKS ITEM NUMBER: 19494

Contractor's Not-to-Exceed Fixed Cost:

Prior authorization and Utilization Review Program Contract Cost, with price reduction in exchange for use of office facilities at the agency (Based on prior authorizations for an estimated 6700 individuals) \$ 1,250,916.00 *

The Contractor is certified as "PRO" or "PRO-like". As such the contract cost shall be multiplied by 0.25 to obtain the final cost to the State.

Cost x .25 = Total contract cost to the State. \$ 1,250,916.00 x 0.25 = \$ 312,729.00
(Total Cost) (Total Cost to the State after federal reimbursement)

* To advise of a contract price reduction in exchange for use of office facilities at the agency.

The State holds the right to renegotiate the yearly contract cost if the number of prior authorizations performed deviates +/- 15% from the previous year.

All costs must be in U.S. Dollars.

The State will not be responsible for any costs not identified.

There will be no additional reimbursement for travel or other related expenses.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

CONTRACT NO: CSP902212-1 (06/30/12)

82200
Health Care Excel, Inc.
2629 Waterfront Parkway East Drive
Suite 150
Indianapolis, IN 46214

TERMS: Net 30 Days

CONTRACTOR'S CONTACT:

Primary:
Ann Carter, RN
Health Care Excel, Inc.
30 East Broad St., 7th Floor
Columbus, OH 43215

Telephone: (614) 387-3088
FAX: (614) 728-4374
Email: acarter@hce.org

Secondary (Contract Office):
Mary Kapur, CEO
Health Care Excel, Inc.
2629 Waterfront Parkway East Drive
Suite 150
Indianapolis, IN 46214

Telephone: (317) 347-4500
FAX: (317) 347-4567
Email: mkapur@hce.org

PAYMENT ADDRESS:

Health Care Excel, Inc.
P.O. Box 3713
Terre Haute, IN 47803-0713

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
1	10/24/11	To advise of a yearly price reduction in exchange for use of office facilities at the agency.

* Add Summary of Amendments form.